THE LANCET.

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CLINICAL LECTURES AND REMARKS,

ON

DISEASES OF THE SKIN, VENEREAL DISEASES, AND SURGICAL CASES,

DELIVERED IN 1836,

AT THE

SKIN INFIRMARY,

AND AT THE

JERVIS-STREET HOSPITAL, DUBLIN.

BY

DR. WALLACE,

Surgeon to these Institutions.

WOUND INFLICTED BY A COCK, PRESENTING MANY OF THE CHARACTERS OF A POISONED WOUND.

Ward No. 1. *April* 11.—J. Reilly, aged ten years.—This is a curious case: see how enormously this child's hand is swelled. The redness and swelling extend up the arm also. The palm and back of the hand are particularly full and tense. The hand has from this cause the shape of a boxing-glove. You see there are also symptoms of very high inflammatory fever. Look how flushed his face, how white his tongue; feel how hot his skin. He also appears to suffer much pain. Now I shall surprise you when I tell you how this severe state was caused. On Sunday last, that is four days ago, he took a hen up in his arms. The cock flew at him and made two very slight wounds, one on the back and another on the palm of this, the left hand. So slight were the wounds that they did not bleed, nor can you now detect where they were seated; yet the hand became *immediately* very painful and much swelled, and that night and every night since, the child, who was previously in good health, has had in the whole limb the greatest pain. How were the wounds inflicted? By the bill or by the spur? It is said that they were caused by the spurs. Now can we conceive that such consequences could so immediately have resulted from wounds so trifling, if they were not poisoned wounds? I have several times seen serious injuries result from wounds inflicted by a cock. I believe it has never been conjectured that a cock could inflict, even by his bill, a poisoned wound. Yet I see no reason to doubt the possibility of this. I believe any animal, when enraged, is capable of causing a wound, which may present more or less of the characters of a poisoned wound. We have, at this moment, an example in the house, of a wound apparently poisoned, having been inflicted on a woman, by another woman's bite on her finger; but it is said that the wound in this child was caused by the spur of the cock. This increases the difficulty of explaining matters.

The hand, on both the palm and dorsum, is so swelled, so tense, and so elastic, but particularly on the dorsum, that you will have some difficulty in believing that there is not a collection. A purulent collection may take place, but as yet there is none. I will demonstrate this to you. No harm can result from running a lancet into the back of the hand; on the contrary, the parts are so tense, that good must follow. I shall therefore make an incision into the most tense parts; you see nothing but blood and red serum escape, although I have sunk the lancet to its hilt. Let the limb be well fomented, and subsequently rolled up in a poultice, and let the child be well purged.

12. You remark that this child's fever is diminished, and that the local distress and swelling are much less. The fomentation and poultice should be continued.

[*Note.*—In the course of some days matter formed; exit was given to it by an opening on the dorsum of the hand. The finger and the entire hand continued swelled and unwieldy for several weeks. This state, however, gradually subsided. Calomel was employed to affect the mouth, and acted apparently with much advantage in removing the state of induration and swelling.—REP. L.]

CASE OF TRUE VENEREAL LICHEN.

Dispensary, April 12.—Michael Walsh.

Here is an example of one form of the papular venereal eruption. It is a case of syphilitic lichen, or, in my phraseology of lichenoid syphilis. Let me request your particular attention to it, for there is an error prevailing respecting this form of eruption, which I wish to guard you against. It is, in fact, very generally confounded with a form of eruption which proceeds from a totally different modification of the venereal poison. The form of eruption which has so generally been confounded with the lichenoid syphilis, belongs to the pustular class. The spots are not larger than, if so large as, in this case, but they are nevertheless easily distinguished by their presenting on their point a drop of purulent matter. You cannot detect the slightest appearance of pus on any of these spots. It would be said by some, that the absence of the purulent appearance depended on the stage of the eruption, and that there was a purulent deposit in the earlier stage, or that there would be a purulent deposit in a later stage. These opinions depend on errors of observation. In this case there never was a purulent deposit on any of the spots, nor will a purulent deposit ever occur. The spots in this form of eruption are always solid, and they never suppurate like a pustule. They desquamate and become flat, or they may fungate, or, acquiring the tubercular character, they may ulcerate; but they never form pustules. The eruption belongs to the exanthematic group, and not to the pustular. It is the product of the modified venereal poison. I saw the primary symptom he had. It was not a pustular chancre; it was a superficial sore; it was the primary symptom of the exanthematic group.

EFFECTS PRODUCED BY AN ULCER WHICH PERFORATED THE SOFT PALATE.

Dispensary, April 13.—Thomas Conroy.—Here is an appearance in this man's throat worth your notice. You remark that there is a round opening in the middle of the soft palate, sufficiently large to allow a finger to pass. The circumference of this hole is very round and sharp; and through it you can see the back of the pharynx. Now, how was this hole produced? I will tell you, for he was formerly a patient here, and I had an opportunity of seeing the manner in which the hole was formed. I have also seen other cases quite similar. He laboured under secondary symptoms of syphilis, and among these there was an ulcer of the curtain of the palate. This ulcer penetrated from the anterior to the posterior surface, and extended across the two middle fourths of the soft palate, just along its junction with the hard palate. In consequence, the middle part of the soft palate, having lost its support, fell down upon the root of the tongue, and an opening was thus formed, into which two fingers could easily have been passed. When the ulcer healed, the size of the opening contracted to what you now observe, and it will never, probably, contract more. Penetrating ulcers of the soft palate, of even a small size, never entirely close up. They always form a patulous opening, which is sometimes, as in the present case, of considerable size. What are the inconveniences of this opening? You remark that his voice is not sensibly affected. I dare say, however, that he suffers during deglutition. "Does your food or drink ever come into your nose?" The patient replied that sometimes both what he ate and what he drank passed into the nose, but not always.

CONCUSSION IN A CHILD.

Ward No. 1, *April* 13.—William M'Clarin, aged eight years.—Here is a case in which the symptoms of concussion were finely marked. This boy has been in the hospital since yesterday, and has, as yet, scarcely recovered. His face is now flushed, and although he appears very lively when roused, I hold you that if you leave him to himself for two minutes he will fall asleep. He got a horse, a spirited animal, to hold yesterday in the street, he mounted him, and was quickly thrown off, and by the fall rendered senseless. He was soon brought into the hospital, and was then quite insensible; limbs flaccid, face pale, pupils unaffected, pulse not more than 60 when he was lying, but quickened to much more than 100 when he was raised up in the bed; and this position immediately brought on vomiting. As soon as he was allowed to lie down, he lay, as it were, in a deep sleep. (See, he has already fallen off into a doze, he is now apparently sound asleep.) I saw him yesterday, about two hours after the accident; he was then so far recovered from his state of insensibility, as to open his eyes to look around, but he seemed quite ignorant of where he was. I asked him what brought him here; he said, he did not know. I then asked him what this place was; he replied, he did not know. He seemed quite unconscious where he was. He remembered that he had got on a horse which had been given him to hold, and that he had fallen off him, but recollected nothing of his having been raised, and brought to the hospital, or of his having been in it for some hours. In short, he was unconscious of everything which had occurred from the moment of the accident, to the time I interrogated him, which was upwards of two hours.

Now, sum up the symptoms which occurred in this case; they were those of pure concussion. There was a temporary loss of sensation, of voluntary motion, and of consciousness. There was vomiting and ra-

pidity of pulse, particularly when in the erect posture, or upon motion. The pupils were not affected, the breathing was not stertorous. The pulse was not anormally slow, and these symptoms would, most probably, have existed, if compression had existed. Yet, I must tell you, that I have seen cases where the result led me to believe, that there had been no lesion except concussion, and yet the pupils were highly dilated. I think there is some resemblance between the state of concussion, and the state of the nervous system accompanying sea sickness. The influence which an erect posture has in increasing the symptoms of concussion, tends to confirm this opinion. Position influences sea sickness in a similar manner.

In the case of this child, as in almost all cases of concussion, it will be prudent to abstract blood, to empty the bowels, and to preserve for some days great tranquillity. Nature points out the necessity of quietness in concussion, for you will always find that there exists a strong tendency to sleep during the convalescence from concussion.

14. The disposition to sleep persists too long in this child. See how drowsy he is. He sleeps immediately on being allowed to remain quiet. His face is still very much flushed. I fear some mischief. His pulse is irregular, it intermits, it is also slower than natural. It is not more than sixty when he lies. This is too slow for a child of his age. Let us put him sitting up, until we ascertain the influence which the erect posture has on his pulse. You observe it rises to nearly 100. Has he any pain in his head? (One of the patients in the ward replied, that he had been complaining of his head frequently during the night.) Let him have three grains of calomel, and ten of jalap, and let a dozen of leeches be applied to his forehead and temples.

15. See what an improvement! Drowsiness has passed off. His pulse has in a great measure lost its irregularity. I think it will be prudent to apply the leeches again, and to produce a slight mercurial action by calomel.

20. This boy is so well that he may be discharged. He should, however, be kept quiet for a few days longer.

OCCASIONAL TROUBLESOME CONSEQUENCES OF BURNS ON THE DORSUM OF THE FOOT.—SOME APPEARANCES OF SUPERFICIAL BURNS.

Ward No. 8, *April* 14.—Peggy Basten.—This case, though apparently trifling, deserves, gentlemen, your particular attention. It is a scald of the dorsum of the foot from boiling water. Now, scalds of the dorsum of the foot are often very troublesome, not only because they are frequently slow in healing, but because the cicatrix which they form often becomes tender, and the seat of pain like that which occurs in cases of neuralgia. These consequences from burns on the dorsum of the foot I have observed most frequently in females. For their relief I have found great advantage in vesicating the whole painful surface, whether it had been cicatrized or not, by rubbing it several times with the nitrate of silver. This local treatment must be assisted by attention to the general health.

The injured surface in this case presents to you three different states. Here is a portion which is only deprived of the cuticle. This part is red and comparatively smooth. It will heal immediately upon the application of any absorbent powder. Here is a portion from which a thin or membraniform slough has separated. The slough was a portion of the cutis, which had been killed by the action of the boiling water. Familiarize your eye with the appearance of the surface from which the slough has fallen. You see that it is most thickly set with minute, red, projecting points. This is the appearance which burned surfaces always present, when the injury has caused the destruction and separation of a small portion only of the thickness of the cutis. It is oftentimes a matter of much importance to know how deeply a burn has penetrated; whether the whole thickness of the cutis has been destroyed, or whether only a portion of its surface has sloughed off. When the former is the case, the consequences of the injury are vastly more serious. This is easily explained; the contraction which follows burns, and which is oftentimes their most unpleasant consequence, is very little, comparatively speaking, when the surface only of the cutis has sloughed off. It is when the whole thickness of this covering has suffered that great contraction follows. By attention to the appearance of the surface where the slough has separated, you will be always able to give a correct opinion upon this subject; for you never see these minute or papiliform granulations when the whole thickness of the cutis has sloughed away. Here is a part of the surface in this case which presents another peculiarity of appearance. You see it is quite white. Now, what is this whiteness owing to? Is it a stratum of lymph effused over the burnt surface? It looks, you remark, very like lymph. yet it is not lymph. It is a thin stratum of slough. Now, in many cases it might be of importance for you to be able to determine whether an appearance like this depended on slough or on lymph, and I can tell you how you will always be able to decide this question. Whenever the whiteness of a denuded surface depends on lymph, you will find that there is a strongly marked red line at the circumference of the lymph, or surrounding it; but when it depends upon the existence of a thin slough,

you will find that it is surrounded, until the separation of the slough has commenced, by a diffuse areola, as is the case on the present occurrence; and as soon as the separation has begun, the slough cannot be mistaken for lymph.

ARABIAN ELEPHANTIASIS OF THE HANDS.

Dispensary, April 29.—Bessy Sowen. This little girl labours under a disease of the hands, which is perfectly analogous to that disease of the lower limb or limbs called the Barbadoes leg, or the Arabian elephantiasis. Look at the appearance of her hands, and examine into the history of her case, and you will find this view of it to be confirmed. Both her hands are swelled, but particularly the left. The swelling, which is more in the back of her hand than any other part, is doughy, or inelastic, and firm, and the skin feels thickened. This swelling is neither hot, nor painful on pressure. These are exactly the characters of the swelling in the Barbadoes leg. She complains at present of headache, and of sickness of stomach with retching. Her tongue is loaded, her pulse frequent, without being strong. She says she has pain in her hands with heat, particularly at night. In fact she at present labours under one of the paroxysms to which this disease is subject. I have more than once pointed out to you the existence of these symptoms in connection with the Barbadoes leg. This paroxysm will blow off in a few days. The fever will subside. The stomach will recover its tone. The headache will cease. The tongue will clean. The pulse will become slower, but the swelling will not entirely disappear from the hands, although it will decrease. If the disease be allowed to pursue its course, there will occur probably, in four or five weeks or more, another paroxysm, characterized by an increase of local symptoms, often by a state of erysipelas, either diffused or in patches, and by constitutional derangement. After this manner a succession of paroxysms will occur for a series of years, each new one leaving the hands more swelled than the preceding.

Observe how accurately the account she gives of the disease, since it first commenced, corresponds to what I have said. She says that she has been subject to it for three years, that during that time she has had very frequent attacks, often once a month, that at the time of the attacks painful swelled patches appeared on her wrists and fore-arms, that she then had headaches and sickness of stomach, that the pains in her hand did not last more than a few days, but that the swelling, although it got less, was always left greater than it was before the paroxysm. She has had an attack a month ago. You cannot but remark the strong resemblance which this case has to several which were lately in the hospital. In ward No. 2 there was a boy who had disease of the knee, and he was taken into the hospital, as I am informed, to have the limb removed on account of the diseased joint. But he was also subject to the disease I am now speaking of, and in the same limb, the bones of which were affected. While in the hospital he had several paroxysms of this elephantoid disease, and, in consequence, the operation was delayed. The *pupils*, who were ignorant of the nature of the disease, thought that it was erysipelas. In this elephantoid disease, the skin acquires by degrees the same appearance as it has in ichthyosis, and if you remember, the little boy, of whose case I am speaking, got this state of skin of the affected limb, but not until he experienced several repetitions of the paroxysms. There was another very remarkable example of this disease in the same ward with the boy in the person of a negro. This negro had, while in the hospital, several paroxysms, and the symptoms were every time precisely the same. There were great pain, great thirst, deranged stomach, great prostration, rapid pulse; the lower limb swelled much, became very tense; the glands of the groin also swelled. After a few days the pain subsided, the swelling of the limb decreased. Every attack, however, left it larger than before the paroxysm.

This disease is very obstinate if not methodically treated, but if judiciously managed at its commencement, the size of the affected parts may be somewhat decreased, and the repetition of the paroxysms may be prevented. While the paroxysm is in existence, the antiphlogistic treatment is indispensable, and in the intervals, the object should be to keep up a very healthy state of all the secretions. To assist the removal of the swelling, bandages and poultice should be employed, and I have also obtained benefit from the arseniate of ammonia used in the intervals of the paroxysms.

A DISEASE OF THE FOLLICLES OF THE TONSILS WHICH MAY BE MISTAKEN FOR A VENEREAL DISEASE OF THOSE GLANDS.

Dispensary, April 29.—John Allan.—This man, who seems about twenty-five years of age, labours under a peculiar disease of his tonsils. If you look into his throat, you will observe that these glands are slightly enlarged, and that they are preternaturally red; but the appearance, to which I wish more particularly to call your attention, is the white, rounded, or globular spots, with which their surface is covered. These spots are drops of purulent matter. If you rub the surface of the tonsil you can remove them, but immediately there again exude fresh drops from the same part; and if you press on the tonsil, you can cause the purulent matter to ooze out, and form still larger globules. The tonsil seems like a sponge infiltrated with purulent matter. This is

one mode in which inflammation of the tonsils sometimes ends. The purulent matter is contained in their ducts. On some occasions, in this form of disease, the matter secreted into the inflamed ducts has more the character of lymph than of pus, and then, remaining adherent to the orifice of the duct, cannot without difficulty be rubbed off. In cases of this kind, the surface of the tonsils sometimes appears as if covered by an eruption of aphthæ, or pustules, or small ulcers. Antiphlogistic remedies are all that is necessary in this disease. It cannot be confounded with any other affection, if a little care be taken. There is, however, a form of venereal disease of the tonsil not very unlike it. It is that form which at times accompanies the minute or psydera-ceous pustular eruption; that eruption which is by many improperly called the papular. The existence of the eruption, however, points out the nature of the case.

ABSENCE OF THE EYES.

To the Editor of THE LANCET.

SIR: I beg leave to forward to you an account of the post-mortem examination of the child born without eyes, whose case is to be found at page 53 of the present volume of THE LANCET.

The calvarium was so firmly adherent to the dura mater, that their separation was avoided. The membrane being cut through in the circumference of the head, the parts beneath were exposed. The brain was much congested; the sinuses were filled with blood. On raising the anterior lobes of the cerebrum, but one olfactory nerve was seen, and that was on the left side; the optic commissure was placed more posteriorly than natural, the sella turcica being much anterior to it. From its fore part, and in the median line, the rudiment of a nerve was continued; it was of a loose texture, and a scarlet hue, as if from injection of its vessels. It proceeded into the substance of the pituitary gland, where it was lost. Several small bloodvessels passed through the foramen opticum; the fissura lacera transmitted both into and out of the orbit, the ordinary nerves, and the ophthalmic vein. Nothing else of interest presented itself within the cavity of the cranium.

The orbital roofs were then removed, and disclosed the presence only of condensed cellular tissue, which, when cautiously dissected away, exposed the several small muscles which naturally belong to the organ of vision, supplied with their respective nerves; the periosteum and cellular substance having the internal parietes of the orbit, afforded the muscular attachments, in place of the tunica sclerotica. It is particularly worthy of notice, that on neither side was the levator palpebræ superioris present. As we were compelled to avoid disfiguring the face, it could not be ascertained whether o not the orbicularis palpebrarum and the corrugator supercilii muscles existed. No further examination took place.

Nothing very peculiar attended the death of this child, which happened on the 17th inst. Three weeks previous, it became convulsed for a few hours; since then it lingered on and died. I have been induced again to trespass on your columns with these particulars, on the score of the interest attached to the preceding case; its parallel I believe is not on record. Indeed, the circumstances are so rare, that I think it right to state that my friend, Mr. Webb, who assisted me in the dissection, can substantiate the details I have given. There are also many other medical gentlemen in Portsmouth and its environs who have long been acquainted with this singular phenomenon. I am, Sir, your obedient servant,

JAMES GEORGE DAVEY, M.R.C.S.L.
3, Mile-end-terrace, Portsea.
May 23, 1836.

RESEARCHES INTO THE DISEASES OF CHILDREN.

HOPITAL DES ENFANS MALADES, PARIS.

TUBERCULAR MENINGITIS.

Child six years old.—Symptoms of Tubercular Peritonitis, with Headache and irregular Somnolence for three months; then Vomiting, continued Headache; Slowness of Pulse, rapidly followed by Paralysis of the Limbs on the right side of the Body.—Death in seven days.—Granulations, with Tubercular Deposit in the Pia Mater; Effusion into the Ventricles; Ramollissement of the Digital Cavity.

LOUIS ROBERT, six years of age, hair light, of weak constitution, was received into the hospital on the 22nd of November, with symptoms of chronic peritonitis; the child's face was pale and thin, expressive of pain, and loss of gayety; the abdomen considerably tumefied, and its suppleness diminished; the surface is irregular, and on examining by the touch, we find its cavity almost entirely occupied by an irregular tumour, which seems formed of the intestines glued together. The diarrhœa is copious; lower limbs reduced to the most extreme degree of emaciation; appetite capricious; tongue natural; some cough; fever returning by accesses every evening. Intellectual and sensual faculties intact. From the account given by the parents, we find that the child's health has always been delicate; he had been subject to diarrhœa for several years,

with vomiting from time to time; within the last two months he declined rapidly, and the abdomen acquired a considerable volume. The patient had never been treated in a regular manner.

During the first week of the patient's stay, he was ordered some emollient potions, with mercurial frictions to the abdomen, but it soon became necessary, from the salivation and tumefactions of the gums, to suspend the frictions, which were not afterwards resumed. From the 1st of December to the end of February, the patient's state presented little change; the abdomen still tumefied; the appetite lost, and the stools sometimes lienteric. The patient gets up two or three hours a day, and remains by the stove; he is dull and silent, complains from time to time of severe headache, and shows a tendency to stupyness. The headache is sometimes sufficiently intense to force the patient to go to bed.

Feb. 27 and 28. Billious vomiting, which persists with great obstinacy; headache and diarrhœa; slowness of the pulse.

29. Drowsiness; imperfect paralysis of the right side; complete loss of intelligence. A blister is applied to the neck.

May 1. No change whatever in the symptoms.

2. We observe the following particulars:—*External Habitus.* Emaciation; decubitus on the back; hectic redness of the face; eyelids half closed; irregular movements of the eyeballs; conjunctivæ injected; pupils dilated; sight not lost.—*Intelligence* completely abolished; no answer to any question; coma uninterrupted by cries.—*Sensibility* equally preserved on both sides; low moans and alteration of the face when we pinch the limbs.—*Motility.* Complete loss of movement in the limbs on the right side; when we pinch them strongly, they remain immoveable, but the child endeavours to remove the hand with his right arm.—*Digestion.* Lips of a rosy colour; constant grinding of the teeth; tongue natural; deglutition difficult since yesterday; no vomiting for the last three days; abdomen still sensible to pressure; two liquid involuntary stools since yesterday.—*Respiration* calm, and not above 24.—*Circulation* 96; pulsations regular.—*Secretions.* Urine passed involuntarily.

Emollient Drinks; Sinapisms to the lower extremities; to keep up the suppuration of the Blister in the Neck.

March 4. The face is now pale; eyes dull; right pupil contracted; left dilated; sight not entirely lost; the paralysis of the limbs on the right side of the body is replaced by rigidity; trismus; stiffness of the muscles of the neck; paralysis of the bladder; death at five o'clock in the evening.

Autopsy 16 Hours after Death.—On examining the body, we find the skull well formed; the dura mater is in a normal state; the arachnoid covering the right hemisphere preserves its normal degree of transparency; the pia mater is moderately injected, and contain here and there some granulations, but so few in number that we might have easily reckoned them. On the left side the arachnoid is separated from the pia mater by an effusion of lactescent serum infiltrated into the latter membrane, which contains in addition several isolated granulations, hard, and of a yellow colour, not larger than so many pins' heads. Near the middle and external part of the hemisphere, the pia mater contains some small irregularly-rounded patches; some of these are as big as a lentil, and others as broad as the nail; they are of a steatomatous consistence, and have formed adhesions with the substance of the brain, which tears off when they are detached. In the fissure of Sylvius, we find a patch of a whitish colour, with a light tint of green, and about half an inch in breadth. Some of the persons present at the autopsy consider the matter as false membranes, others as an infiltration of tubercular matter. This latter opinion is the more probably correct, as, even with the naked eye, we observe it contains some granulations. The membranes covering the base of the brain do not present any alterations; the convolutions are flattened, and pressed one against the other. The cortical substance is slightly injected, and does not present any alteration, except where in contact with the patches already mentioned. The ventricles contain about four ounces of limpid serum; the septum lucidum is destroyed, and the digital cavities on both sides present a yellow ramollissement of the cerebral matter that does not penetrate deeply.

As the body of this child has been claimed by the parents, who made every opposition in their power to our practising the autopsy, we were unable to examine the chest, and had only time, by a long incision of the abdominal parietes, to assure ourselves of the existence of tubercular peritonitis, whose symptoms besides were sufficiently well marked during life. P. H. Green.

CÆSAREAN OPERATION,

SUCCESSFUL FOR THE MOTHER.

Case 1.—On the 22nd of August Dr. Wiefel was called to a lady in labour; the membranes had ruptured on the 19th, and regular pains acted on the child's head, which presented up to the 21st. The patient was twenty-one years of age, of very small stature and weakly formed. On examining externally, the ossa ischia were found deformed; the sacro-vertebral angle very much projecting into the cavity of the pelvis,

and the transverse branch of the pelvis pushed upwards and backwards. The conjugate diameter measured scarcely two inches. The abdomen hung down over the pubis, and the child's head was lodged partly over the left horizontal branch of the pubis. Perforation, and still less any attempt at dismembering the child, were put out of the question by such a deformed state of the pelvis. The necessity of having recourse to the Cæsarean operation was agreed upon in consultation, and it was accordingly performed on the 22nd in the following manner:—

After the bowels and urinary bladder were properly emptied, the patient was placed in the usual position on a table; during this time a quantity of meconium came away from the os uteri. The abdomen was now gently raised up from its position over the pubis, and the ordinary incision made over the linea alba; as the placenta appeared to be inserted into the front of the uterine parietes, the organ was divided a little to the left side, and the back of the child exposed to view; he was easily extracted, cried out immediately, though in a feeble tone, and died in half an hour. The placenta was brought away at once after the child. Although the author approves of bringing the edges of the wound together by suture, he employed another method on the present occasion. The left index finger was introduced through the upper end of the wound into the cavity of the uterus, and the latter drawn forwards against the abdominal parietes, which were pressed in turn all round the wound against the anterior face of the organ by an assistant. In this manner the entrance of air or blood and the prolapsus of the viscera were easily prevented. The uterus was retained in the above position until all hemorrhage had ceased; this required about ten minutes. The operator now proceeded to unite the wound in the uterus by suture. While the organ was still fixed against the external wound with the left index finger, a curved needle, armed with a fine ligature, was introduced half an inch from the edge of the wound in the uterus, and passed obliquely in, but not quite through the whole thickness of the uterine wall; it was then passed from within outwards through the opposite side of the wound in the same direction, and the two ends of the ligature united by a simple knot. One end was cut off, the other was brought down to the lower angle of the wound. This suture produced but little pain; the portion of the wound above the point of suture became sufficiently closed; but not so the inferior moiety; here the left edge seemed somewhat longer than the opposite one; an appearance produced by irregular contraction of the uterus. The abdominal incision was now closed by five points of suture and a bit of charpie of the thickness of the finger placed in the lower angle of the wound. The intervals were supported by strips of sticking-plaster, a compress and bandage. The patient bore the operation with considerable firmness, and her face was covered with joy when she heard the infant cry. She remained well until the evening of the second day, when some fever set in; the wound became hot, the abdomen tumid with disagreeable vomiting; however, the abdomen was not painful on pressure. The vomiting subsided towards morning, after having continued the whole night; some lavements were thrown up, and effervescing draughts administered.

3rd day. The patient was pretty well, but felt some tightness about the chest. The appetite was good; fever little, with a full and quick pulse. The lochia flows abundantly; the abdomen soft, but a little tumid; a fresh plug of lint, dipped in oil, was introduced into the lower angle of the wound. Some bloody fluid analogous in appearance to the lochia flows from the wound.

4th day. The traumatic fever is slight. The tumefaction of the abdomen has considerably diminished after an evacuation of feces and wind. From this time the patient continued to do well, and no treatment became necessary. The wound was dressed twice a day, and bowels kept open by the administration of a lavement in the twenty-four hours.

On the 6th day the breasts began to secrete milk, which was artificially drawn off. On the 8th the suture came away, and the external wound was completely closed, with the exception of the lower angle: the suture of the uterus, however, still remained fixed, and some attempts to withdraw it were unsuccessful. After the 10th day the bowels remained open without the aid of lavements; the appetite continued good. On the 14th day the uterus was felt on the left side of the wound, of the size of a large fist: as the ligature still remained attached, the author introduced the end into a hollow sound, and pushed the latter in as far as the knot, which was now easily divided with Pott's bistoury; this occasioned no pain whatever; the wound still furnished a little healthy-looking pus. 22nd day. The inferior angle of the wound is completely closed. The patient can walk about without any inconvenience, and feels well; the abdominal parietes have contracted to such a degree, that the cicatrix is now only three inches long. At the termination of seven weeks the woman was perfectly recovered.

The following are the reasons which induced the author to unite the wound in the uterus with a ligature.

1st. The edges of the wound in the uterus are not brought together by contraction of that organ, as is generally supposed; they are shorter, but are drawn asunder by the contraction of the oblique and transverse

muscular bands, hence it is impossible for this wound to heal by the first intention. Besides, we should reflect that the organ is far from being in a state of repose at this time; immediately after the contents of the organ are removed, it contracts to the size of a man's fist, but this does not continue long, it becomes developed again, and again contracts; this alternation of contraction and dilatation is repeated several times in the twenty-four hours, and only ceases with the secretion of the lochia; hence we cannot obtain a constant apposition of the edges without suture.

2nd. Besides its muscular bundles, the uterus is composed of cellular tissue and vessels; tissues that have a tendency to heal by the first intention when wounded. This makes it probable that incised wounds of the uterus would heal by the first intention, if properly brought together.

3rd. The functions of the uterus are deranged by the large incision made in its parietes. Contraction and expansion can only take place imperfectly; the secretion of the lochia is deranged; the activity of the uterus is felt on other organs, and hence so many patients die after this operation with asthmatic attacks &c. The local symptoms are seldom of a nature to alarm or explain death. Bringing properly together the edges of the wound in the uterus with one or two stitches, enables the organ to resume its functions more perfectly, and thus diminishes the risk of other functions being sympathetically deranged.

4th. The uterus, from the nature of its functions, is exposed to various mechanical and other lesions, and during delivery is often irritated by obstetrical manœuvres &c., without however experiencing any dangerous reaction. Hence the author regards it as not at all dangerous to place a suture in the parietes of the organ.

5th. Several authors speak of the necessity of the ligature and recommend its use.

Compare the remarks on a case in No. 2, Vol. 8, of the *Heidelberg Clinical Annals*, and in *Julius and Gerson's Magazine*, vol. 16.

Case 2.—F. Pritzkow, 38 years old, of weak constitution, four feet one inch in stature, and pregnant for the first time, had been in labour for five days, when Dr. Wittzack was called in. On examination the antero-posterior diameter of the inlet was found exceedingly diminished by the projection of the sacro-vertebral angle, it measured only one and a half inches. The child lay completely above the inlet, and it was impossible to reach the os uteri with the fingers. The movements of the child had ceased since the last three days; the waters discharged early and the pains constant, but delivery was evidently impossible. Dr. Wittzack determined on performing the Cæsarean operation; the first incision was made into the linea alba, and gave rise to but slight hemorrhage; the child extracted was of the male sex, well formed, weighing eight pounds, but dead. The mother was little affected by the operation, and slept for several hours on the following night; however, a severe cough, that was troublesome during pregnancy, now returned. On the third day the belly became painful and tumid, and the patient was seized with a double tertian intermittent fever, accompanied by severe pain in the feet and loins. These symptoms, however, were subdued by proper care, and had no unfavourable influence on the healing of the wound; at the expiration of a month the woman was recovered, and in five weeks was able to occupy herself in the usual household affairs.

Case 3.—Fatal for the mother. F. S., a weakly woman, 37 years of age, had been delivered of six children in a natural manner, but on the seventh pregnancy the pelvis had become so deformed, that the operation became indispensable. Since the birth of the last child four years ago, the woman suffered a great deal from pains in the loins and region of the pelvis, carried to such a degree that she could not walk even with crutches. The present pregnancy went on well to term, but the patient suffered considerably from constant cough, with a sense of suffocation, and sometimes suffocation. The waters were discharged, and the pains well set in when the author of this case (Dr. Büren) was called upon. The external appearance of the pelvis was very unfavourable; the two sides seemed flattened together; the transverse branches of the pubis were directed inwards, while the symphysis pubis formed a projecting angle forwards. The tuberosities of the ischia were also brought much nearer to one another in such a way, that a finger could scarcely be introduced between them and the deformed pubis. On examining internally a portion of the child was discovered at the left side of the pelvis, being hard, this was taken for the head, but soon changed position.

No time was to be lost in such a case, and the operation was performed without delay. The incision being made in the common manner through the linea alba and anterior wall of the uterus, a well-formed strong child was extracted living, and what is remarkable, the posterior part of the head was marked with a deep furrow three-fourths of an inch in diameter, from the projecting edge of the deformed pelvis. The rest of the operation was performed in the usual way, except that the wound in the uterus was united by suture. During the first few days the patient found herself pretty well, but the cough with dyspnœa, already described, persisted after delivery. In conte-

quence of the constant coughing, the sutures of the abdominal wound, and, finally, those of the uterus, gave way, inflammation of the uterus set in, and the patient died on the fifteenth day.—*Medic. Zeitung. Berlin*, No. 13, 1836.

ASCITES CURED BY REPEATED TAPPING,

IN A VERY SHORT TIME.

The following is one of those remarkable cases where an immense quantity of serum is effused into the abdominal cavity, requiring repeated abstraction of the fluid, yet without compromising the life of the patient:—

L. A., thirty-two years old, of moderately strong constitution, having been placed on guard on the Polish frontiers during the insurrection, was seized, together with many of his comrades, with intermitting fever which terminated in ascites. In the month of April, 1832, this had reached its maximum, and gave rise to symptoms of suffocation. An operation was indispensable, and forty-five quarts of water were drawn off; but the secretion of fluid was constantly repeated, requiring from time to time a repetition of the operation, which was performed sixteen times from the 23rd of April to the 28th of December following, when the patient was able to join an invalid company.

The patient was operated		fluid drawn off
1st on the	23rd April, 1832	45 qrts.
2nd	1st May	38
3rd	9th May	42
4th	18th May	39
5th	25th May	36
6th	4th June	34
7th	14th June	36
8th	25th June	35
9th	10th July	37
10th	23rd July	36
11th	8th Aug.	29
12th	25th Aug.	35
13th	9th Sept.	36
14th	25th Sept.	22
15th	24th Oct.	11
16th	28th Dec.	9
		520

—*Med. Zeitung*, 1836; No. 12, Supplement.

EXPERIMENTS TO PROVE THAT THE

CIRCULATION OF THE BLOOD THROUGH THE LUNGS

IS SUPPRESSED DURING EXPIRATION.

By R. Harlan, M.D., F.L.S.L., *Philadelphia*.

I have been induced to offer the following experiments, with the hope that the original object of them may be considered of so much importance, as to induce some one, possessed of talent, industry, and leisure sufficient, to institute a course of experiments, in order to throw some light on a subject, of which, as yet, we are entirely ignorant.

I am perfectly aware that hypothesis, of whatsoever kind, ought not to be admitted into science without the most rigorous examination; and that doubt has a right to close the door of credence, until the passport of demonstration is produced, sealed by nature or experiment.

For the accuracy of my experiments I can vouch; it is for others to judge of the correctness of my deductions.

The fact that the arteries are empty and the veins filled with blood after death (provided the death of the animal has not been sudden or violent, as from the effects o electricity, a blow on the stomach, the operation of certain gases, &c.) is well known to every one the least conversant in anatomy; but the *cause* of this phenomenon has hitherto escaped the attention of the anatomist; at least no satisfactory explanation has ever been offered. It was with a view to obtain some information on this subject, that I was encouraged to perform the operations I am now to relate; and although I was disappointed in the main object, other circumstances were brought into consideration during the experiment, equally interesting to the practical anatomist or speculative physiologist; and I flatter myself I have detected one error in physiology.

It was the opinion of many, and inculcated, for several years, in the lectures of our much lamented Professor of Anatomy, Dr. Wistar, that the circulation of the blood through the lungs was not prevented during expiration, or the collapsed state of those organs; and that death, in such instances, was caused by the deteriorated or deoxygenated venous blood finding its way into the left cavities of the heart, and thence into the coronary arteries. If my experiments be correct, this reasoning is certainly erroneous. It is true they differ widely in their results from those of Dr. Goodwin, but this subject was not immediately connected with the object of his experiments.

I am happy to state, that after having communicated my experiments to Dr. Wistar, he was induced to change, in part, his opinion. He informed me, that from Goodwin's experiments, he had been induced to believe the contrary for many years. Much interest was shown on his part; and, after frequent conversation with him on the subject, he was kind enough to urge me to pursue my experiments extensively and publish them; since which time various circumstances have prevented my giving the subject further attention; and I am induced now to make them public with the hope that some one, more capable, will institute a course of experiments to determine the problem yet to be solved, "why, after death, the arteries are empty and the veins filled with blood."

Experiment 1st.—Having secured a full-grown healthy cat in a horizontal position, I passed a ligature round the trachea, taking care that the lungs were in a state of expiration; I immediately opened the thorax and exposed the heart to view, when the following appearances presented themselves. Both the auricles and ventricles contracted separately and naturally at first, but in less than five minutes the left auricle ceased; in fifteen minutes the left ventricle also; and in twenty minutes after the operation, neither could be again made to contract by any stimuli whatever. But the right auricle and ventricle continued their systole and diastole incessantly, for fifty minutes; the consequence of which was, the right cavities, together with the two cavæ, became exceedingly distended; for, long previous to the left cavities having ceased to contract, not a single drop of blood entered the left auricle, which was very flaccid and empty. The circulation through the lungs was, in this instance, entirely suspended: here we may remark, if the lungs did admit of as free circulation during expiration as during inspiration, why, in the fœtal state, does so small a portion of blood find its way through them?

I am unable, in this experiment, to determine why the right cavities should continue their systole and diastole so much longer than the left; unless it is that they still continue to receive a portion of the vis vitæ from the blood by which they were distended; as they are both, cæteris paribus, possessed of the same powers of life, being animated from the same source.

I now thought that the phenomenon in question was explained, by supposing the blood continued to circulate in the veins, whilst no more was propelled into the aorta and arterial canals; the latter were, of course, emptied: but I was soon convinced, that though the principal objection was obviated, the experiment did not explain in what manner that portion of blood, forced into the aorta by the last contraction of the left ventricle, found its way, independent of any vis à tergo, through the whole extent of the arterial canals to the mouths of the veins. This constitutes the problem to be solved; and it was of this, in particular, that Dr. Wistar asserted he had never heard any satisfactory explanation offered; although he had availed himself of frequent opportunities of conversing with men of science upon the subject; some of whom argued, the pressure and action of the surrounding muscles as the cause; others, the pressure of the external air; but he remarked, "the elasticity of the coats of the arteries would resist any such pressure, and prevent the obliteration of their calibers."*

On dissecting the heart, the left cavities were found nearly empty of blood; what remained was in consequence of their contractions being too feeble to force it out; the right cavities, on the contrary, were enormously distended; the lungs, when cut into, displayed a sanguineous, frothy appearance, similar to that observed in the lungs of drowned animals.

Experiment 2.—Having procured another full-grown, healthy cat, in the presence of two medical gentlemen, I passed a ligature around the trachea, the lungs being in a state of expiration, and proceeded to expose the heart to view; and here I had an opportunity of observing, that the pericardium is perfectly transparent, and, like the cornea of the eye, becomes dim only at the approach of death. In this experiment it was some time before we perceived I had not removed it, as it lay flaccid over the heart, whose motions were distinctly observed through that membrane.†

Although the *nature* of that principle which animates the animal and vegetable kingdoms may be too abstract for our investigation, yet its *effects* and its *laws* are of the utmost importance to the physiologist, and are subjects requiring our most serious consideration.

Deprive the animal structure, for an instant, of this unknown, imponderable, and invisible principle, we cannot but be struck with the great change that immediately supervenes, previous to decomposition; the adnata, over the cornea, becomes dim; the pericardium loses its transparency; the bladder permits the urine to percolate through its coats; the stomach and the gall-bladder lose, in a great measure, their adhesive affinity, and allow their contents to transude the pores, and become effused upon the intestines; the muscular fibre cannot now resist near the same force as during life, which demonstrate that there exists a vital or animal, as well as a *chemical* affinity in the living body; so different are liv-

* Gravitation of the blood from the large to the smaller branches is most probably the cause of the emptiness of the former.

† This experiment was made in the year 1816.

ing from dead membranes; and hence the fallacy of any experiment performed on dead parts, with a view to determine their functions whilst in a living state.

I commenced operations at five minutes before nine o'clock p.m. In less than five minutes after the trachea was tied, the left auricle ceased to contract, as in the former experiment; in fifteen minutes the left ventricle ceased its contractions, and here the circulation through the lungs was suppressed. In twenty minutes the right ventricle ceased to contract, but the right auricle continued its systole and diastole, not only fifty minutes, as in the former experiment, but for *seven hours*, four of which it continued its contractions distinctly, and independently of any other external stimulus than its contents, or the atmosphere to which it was exposed; whilst every other part of the body, the heart itself, except the right auricle, was cold, dry, and lifeless. The object of the experiment not being to determine the length of time the heart could contract after the cessation of respiration, but to prove that the circulation through the lungs was not only interrupted, but altogether suppressed, during a state of complete expiration, it was discontinued. My assistants left me, at the end of an hour, to continue my observations alone; being perfectly satisfied, from the great distention of the right cavities, the regurgitation of the blood in the cavæ, the violent efforts of the right cavities, and the flaccid state of the left side of the heart, that no more blood had passed through the lungs.

I still, however, felt an inclination to see how long the contractile power would remain in the *right* auricle, and observed it attentively from nine p.m. until four in the morning, most of which time it contracted of itself, and was highly susceptible of external stimuli. On touching it with the point of the scalpel it contracted briskly; towards the latter part its contractions became less frequent, with intervals of some seconds, which intervals increased until one o'clock a.m., after which it no longer contracted independent of external stimuli. On dissection the left cavities were found flaccid and empty, whilst the right cavities, the two cavæ, with the pulmonary artery, were distended. The blood, in the right cavities, did not coagulate so long as the power of contraction remained. This engorgement of the right cavities would not have taken place did the lungs allow as free circulation, when compressed by expiration, as when expanded by inspiration; and that it does not depend on the want of power in the right auricle to force it onward, is shown by instituting artificial respiration, which continues the circulation; also by the resuscitation of animals which have remained a long time under water.

Conclusions.

From these experiments I infer, that death or asphyxia, from drowning or hanging, is not induced from the deteriorated or venous blood finding its way to the coronary arteries of the heart, nor from pressure on the brain, and loss of nervous energy solely, as it is of no importance whether the animal be decapitated or not, provided artificial respiration be continued; the circulation goes on equally well for a time. But in every case of asphyxia there is a negation of oxygen, and consequent paralysis of the lungs; and the effect is the same, whether this negation proceed from the inhalation of mephitic air, from the exclusion of all gas, as in drowning, hanging, tying of the trachea, or from interrupting the nervous spirit, by passing a ligature around the eighth pair of nerves; they all induce a paralysis* of the lungs, and a consequent suspension of their action. This paralysis is, therefore, in every instance, the *immediate* cause of death; whether it proceed from the simple negation of oxygen, or destruction of nervous energy; the one may produce or occasion the other. For although by inflating the lungs after decapitation the circulation may be made to continue, it does so no longer than the right cavities of the heart possess a power of contraction sufficient to propel the blood through the expanded lungs; and until the vital energy of these organs is expended, which must soon happen. For no sooner does the paralysis of the lungs take place, than that power, by which the life of animals is produced and continued, and which I suppose to be derived from the atmosphere, is put a stop to, and the blood, which animates all the solids, no longer receiving its supply, death, or the total extinction of the vital principle, is the consequence. On the other hand, if the lungs be left in a state of expiration, the circulation is immediately suppressed; as in this instance, besides the paralysis, the air cells, with the extremities of the arteries and veins, are compressed.

It will be recollected, that the length of time for which the hearts of the animals dissected continued their contractile power, differed widely; the one fifty minutes, the other seven hours. And as it is impossible to determine what length of time the human heart may retain its *vis insita*, after every other phenomenon of life may have ceased, from asphyxia, we should be encouraged to attempt resuscitation in cases otherwise desperate.

The frothy sanguineous appearance, noticed in dissecting the lungs of the animals which were the subject of these experiments, has, by some authors, in their dissections of drowned persons, been mistaken for the wa-

* By paralysis of the lungs I mean a suspension of their vital action.

ter which they supposed to have passed into the lungs; but it is not peculiar to the lungs of drowned animals. It may be observed, more or less, in death from all kinds of asphyxia; it is occasioned by the halitus, or vapour, which escapes from the exhalents, not being carried off by the function of respiration, but condensed and collected in the cells, or from an effusion of *serum* into their cells.

As the deteriorated or venous blood never reaches the left side of the heart in these cases, it cannot occasion those morbid effects upon the brain so frequently spoken of by Bichat and other writers. Admitting that venous blood was propelled into the left cavities, I believe it would not produce its deleterious effects so immediately as is generally supposed; as, in those cases of infants, and, perhaps, of pearl divers, where the communication of the two auricles is continued through the *foramen ovale*, and by which a mixture of venous with arterial blood in the left ventricle is produced, death is by no means the immediate consequence.

The passage of water into the lungs has no share whatever in inducing death from submersion. I filled the lungs of a cat by injecting water into the trachea; it threw her into convulsions, and the water was immediately expelled. Those parts about the glottis are so exceedingly irritable, that whilst life remained, no water could pass into the trachea; and, in fact, it is not to be found in dissections after death, until putrefaction has taken place.

As the heart is the last muscle which loses its power of contraction, and as the circulation *cannot* be continued while the lungs are compressed, the first indication in our attempts to resuscitate should be, 1st. Mechanical inflation of the lungs; 2nd. To restore the temperature of the body by the warm-bath, friction, &c.; 3rd. Stimuli, external and internal, such as enemata of brandy; 4th. Evacuation of the stomach.—*Medical and Physical Researches*, 1835.

OPERATION OF POISONS ON LIVING VEGETABLES.

I COMPLETED last year the following series of experiments, in order to test the powers of vegetable life in resisting the effects of vegetable and mineral poisons. The positive nature of the results which were obtained, is calculated, in my opinion, to throw considerable light on the *physiology* of plants; a department of science at the present time too much neglected, even by the members of the medical profession; and by the practical horticulturists, for the most part, entirely overlooked.

The application of certain poisons to plants and flowers, in order to destroy noxious insects and larvæ, is not unfrequently recommended; and doubts have been expressed as to the injury that might occur to the plants themselves by such treatment. It has even been positively asserted, that the destruction of the plant is the necessary consequence of the application of certain vegetable poisons in some instances.

In the progress of science next in importance to the accumulation of true knowledge, is the necessity to disencumber ourselves of error. If the results of the present experiments possess no other merit, they will be esteemed interesting on this account alone. I have been led to the present investigation by perusing a notice of experiments of a similar nature, by M. Marcaire Princep, a professor of botany in Geneva, in the *Bulletin des Sciences Naturelles* for March 1830, of which the following is an extract:—

"The experiments detailed in this memoir, have for their object to prove that the juices or extracts of plants, poisonous to animals, are equally so to the vegetables from which they are obtained. Thus M. Marcaire Princep has succeeded in killing branches, and even entire individual plants, of the *datura stramonium*, *hyoscia-mus niger*, and *momordica elaterium*, by plunging them into distilled water, charged with the juices and extracts of these plants, or even by watering them with this narcotic water."

"M. Goeppert, of Breslau, has published in the annals of Poggendorff, an account of experiments from which he derived very different results." But neither of these authors extended his experiments to the introduction of poisons into the substance of the plants.

I first confined myself to a repetition of the experiments of M. Princep, but obtained results entirely at variance with his. I now determined to pursue the subject on a more extensive scale. In the garden of the Philadelphia Alms-house Infirmary, I selected a number of young and thriving plants, and assisted by the gardener, and several of the resident physicians, I applied the following named poisons, as hereafter specified, taking care to wound the *bark* of the *perennial*, and the *interior* parts of the *annual* plants, so that the poison should be directly applied to the wounded sap-vessels. The poisons used were, the extracts of stramonium, belladonna, and cicuta; the essential oil of *nicotiana tabacum*, diluted hydrocyanic acid, and powdered oxydum arsenici.

Experiment 1. September 18th. A strong, thick solution of the extract of belladonna and cicuta (German manufactory), was in-

troduced into the bark and pith of different stems of the stramonium, at 12, meridian.

2. Extract of belladonna introduced into the stem of the palma Christi.

3. Powdered white oxyd of arsenic was freely spread about the root of a young palma Christi, and the plant was watered.

4. Arsenic introduced into the stalks of two young tobacco plants, near the roots.

5. Two young stramonium plants were selected: arsenic was introduced into the stalks and stems of one, and spread about the root of the other, and the plant watered.

6. Dilute hydrocyanic acid introduced into an incision made into the stalk of a stramonium.

7. Dilute hodrocyanic acid poured on the root of lady-slipper.

8. Strong oil of tobacco introduced into the stalk of palma Christi.

9. Idem, into the stalk of stramonium.

10. Idem, into the stalk of a young tobacco plant.

11. Idem, into a branch of the fig-tree.

12. Idem, placed freely round the root of a young pear-tree, the earth being loosened and watered.

13. Idem, placed round the root of palma Christi.

14. Idem, introduced into the stalk of euphorbia sericea.

15. Arsenic freely spread round the root of the *mimosa sensitiva*—exposed to the rain and dews.

Some of these experiments were frequently repeated, with great care. The same result universally followed in every instance. Not one plant, shrub, or flower, displayed signs of the least injury from the varied applications of the different poisons; some, indeed, appeared to thrive better for the attentions which were rendered them Some of the experiments were subsequently repeated at my request, by Mr John Carr, at Bartram's botanic garden, with extracts of belladonna, and cicuta, and oil of tobacco.

These additional experiments performed by a skilful practical botanist, confirmed the observations previously made: hence, we are permitted to conclude, first, that the experiments detailed by Professor Princep are erroneous. Second, that substances which act as lethal poisons to animal life, are not so to vegetables.

We cannot but admire the wisdom, order, and harmony of creation! fixed to the earth by immutable laws, plants and flowers would have soon ceased to exist, had their susceptibilities, like those of animals, rendered them liable to the agency of poisons, to contact with which they are so much exposed. —Dr. Featherstonhaugh, editor of the *Monthly Journal of Geology and Natural Science*, has added the following testimonial:—

"We had the satisfaction of assisting, during the present month, together with Professor Del Rio, at a repetition of curious experiments on vegetable substances, with vegetable and mineral poisons, conducted by Dr. Harlan, assisted by Dr. Moore, in the garden of the Philadelphia Alms-house Infirmary. Each of the poisons was separately introduced into the circulation of individual plants, by incisions made in the stems, under the leaves, and by similar, separate applications of them to their roots; by infusions, and by powder also, in the case of arsenic. In some instances the poisons were placed around the roots only, viz. corros. sublimate, arsenic, sp. turpentine, and oil of tobacco. In none of these instances was any of the plants poisoned. One of the young geraniums faded, after constant impregnation, for three days, of the earth about its roots, but this is evidently attributable to its soil being rendered unfit for the support of vegetable life.

"We must therefore adhere to the reasonable opinion, that plants have the property of segregating from the soil or atmosphere those principles which are proper for their healthy state, and of rejecting those which are injurious to their organization. If plants yield to the deleterious influence of those principles which are injurious to other organized bodies, it is because—as in the case of the young geranium—they cannot appropriate those salutary principles, upon which their existence depends, and which enables them to exercise their natural functions, one of which is, to reject that which is injurious to them. We speak now of the circulation of plants, and not of mechanical application of poison to their parts. Oil of turpentine applied several days to the bark of many trees, and especially the linden tree, will soften, and eventually destroy the part; but the experiments tried with the balsamina, or lady-slipper, the palma Christi, the cabbage, and tobacco plant, whose roots were liberally supplied with spirits of turpentine, prove that it did not affect them through their circulation. Dr. Harlan's attention to this subject will be properly appreciated by those who are engaged in the study of the physiology of plants."—*Harlan's Med. and Phys. Researches*, 1835.

EXPERIMENTS WITH PHOSPHORUS ON A CAT.

No small degree of interest was excited by the appearance among us of M. Chaubert (the "Fire King"), who professed to have discovered antidotes for some of the most lethal poisons, and his power of resisting their effects has been successfully demonstrated for several years past throughout the

greater part of Europe.* Since his arrival in this country, M. C. has repeated most of his experiments, both in this city and in New York, particularly those with *prussic acid* and *phosphorus*, the former of which he exhibits to animals; the effects of the latter he generally tests upon his own system, swallowing with perfect indifference from twenty to forty grains. M. C. has favoured me with the following remarks relative to the operation of this poison on himself. It produces, in the first place, exhilarating effects, succeeded, sooner or later, by a transitory sense of depression or faintness. In the course of a few hours, however, the most powerful and painful aphrodisiacal effects are the consequence: if the dose has been very large, frequently repeated, and especially if he has permitted three or four hours to elapse previous to taking the antidote, his bones become affected with pain and soreness throughout the skeleton, so as to render the usual pressure almost insupportable: his complexion also changes to a bilious hue, and his bowels become costive. All that M. C. has informed me of, concerning the nature of his antidote for phosphorus, is, that it is of an *animal* nature.

Many conflicting opinions are entertained by medical men, in regard to the extent of the deleterious effects of this poison on the animal body. Confused by these conflicting statements I was desirous of obtaining some satisfactory results; for this purpose I procured a full-grown female cat, and on Tuesday, February 15th, at 10 a.m. administered *eleven grains* of phosphorus, cut into small pieces, and mixed with a tablespoonful of milk-and-water. The animal experienced no uneasiness for the first eighteen hours, nor could I observe any symptoms referable to the poison; she however passed urine, during the evening, which emitted the smell of phosphorus, and some irritation existed about the external organs of generation. On Wednesday she displayed considerable uneasiness; drooped, cried, and during the morning experienced a fit of epilepsy; these symptoms increased apace, and on Thursday night and Friday morning she was, for the most part, senseless, and expired in spasms at 1 p.m. about three days after taking the poison.

After examining the pathological results the following conclusions were drawn,—that phosphorus, though not an active poison, is fatal to these animals, when taken into the stomach; that it excites violent inflammation in the mucous membrane, and ulceration of such portions as the solid phosphorus comes in contact with, occasionally attended with sphacelus; that the gastric liquor is capable of dissolving solid phosphorus; and that when it passes in a state of solution into the intestines, it occasions inflammation and softening of the mucous coat generally, contracting the bowels, and inducing constipation; and that the glandular, muscular, and osseous systems among those parts not immediately in contact, are principally affected by the operation of this poison.

It does not appear that phosphorus exerts any very powerful operation on the uterus, as in this instance no symptoms of abortion were the consequence of so large a dose, notwithstanding the spasms which formed part of the symptoms.—*Ibid.* (*Harlan's Researches.*)

* The exposure of this rank impostor in London had not the same enlightening effect on the minds of the Americans, which it speedily exerted on the public of England.—Ed. L.

ADVANTAGES OF THE

PRONE POSITION IN VARIOUS AFFECTIONS.

At the last meeting of the *Westminster Medical Society*, Mr. Verrall read a paper on the advantages of the prone position in various diseased states. He mentioned that he had six years ago been awarded a medal by the Society of Arts &c., for the invention of a prone couch, which notwithstanding had, as he believed, never been since used by any person but himself. He had since however tried it in many cases with the greatest success; and he now came forward to announce himself not merely as the inventor of a couch, but as the discoverer of a new position, which, in a great variety of cases, must prove to be most eminently advantageous. The couch was first invented for a young gentleman labouring under psoas abscess connected with extensive disease of the lumbar vertebræ. He had been under the care of Mr. Cheshire of Hinchley, and had used the various mechanical contrivances of that gentleman, and had lain in all the ordinary positions till he was so wrung and excoriated, and suffered in almost every posture, such excruciating torture, that life was rendered almost insupportable, and seemed indeed to be most rapidly passing away. On the prone couch he lay with perfect ease, and even with much of pleasure, as he was enabled on it to read, write, draw, eat, drink, and sleep, without any movement of the body, and consequently without any painful exertions. Life was thus prolonged for more than eight months, though the dreadful ravages which the disease had already committed, prevented all chance of a final cure. Mr. Verral then proceeded to exhibit and describe the couch, which is a simple sloping board, with a slight angle about one third from the top, to accommodate itself to

the natural bend of the body about the hips. There are several ingenious but very simple contrivances to facilitate the lying down or the removal of the patient, and it seems that even in the very bad case we have above shortly described, the patient was daily taken off and replaced, that the offensive discharge might be removed, and that all this was done without any personal exertion, and almost without pain. Several other cases were related in which it had been employed with the same advantages but with more favourable results. The peculiar benefits to be derived from the use of the prone position Mr. Verral asserts to be, the perfect ease with which the patients lie in it, the complete, and often long-continued quiet which it allows them to enjoy, the capability it affords them of performing the ordinary offices of life, and even of pursuing some of its occupations and amusements, without the slightest movement of the body, the certainty that, however long they may be obliged to lie, there will be none of those painful wringings and excoriations which so often occur in the supine or lateral positions, the prevention of those alarming sloughings about the loins, sacrum, and nates, which the supine position so frequently seems to occasion in injuries of the spine, and in paralysis of the lower extremities; the readiness with which changes may be made in the position itself so as to accommodate it to the curative process, and to the removal of the peculiar deformity; the facility which it affords to the application of local and external remedies; and the constant strain upon the distorted spinal column occasioned by the somewhat dependent position of the legs by which the parts are gradually stretched and straightened. Mr. Verral mentions also its use in removing contraction and deformities of the chest, and relates a case of asthma in a young lady, proceeding from that cause, which, together with the deformity itself, was completely cured by lying on the prone couch for a few hours in the day, while she was learning her lessons. He also relates the case of a man on board the *Hyperian* frigate, who was scalded in a most terrible manner, so that the whole back part of the body was excoriated, from the crown of the head to the bend of the knees. He was lying in bed, but could find ease in no position. In whatever part part he lay on for a few hours, a deep slough speedily formed, and he appeared to be fast sinking, when Mr. V. proposed to place him in the prone position. This entirely succeeded, and in three weeks he left it perfectly cured. From the success of this case its use is inferred, in almost all accidents occurring to the back part of the body, and he especially advocates its employment "whenever the lash is applied to the back of a criminal, whether in our prisons, our ships, or our barrack yards." He adds, "With the question of the propriety or necessity of continuing that terrible infliction we, in our professional capacities, have nothing to do, but it is clear that when the lash has either directly or indirectly caused the death of its victim, it has inflicted a penalty beyond that which the sentence contemplated. To lash and to lacerate is the office of the executioner, to soothe and to heal is the nobler province of the surgeon; and the assurance that the prone position must avert the occasional danger, and greatly facilitate the cure, induces me to speak of it as a means that ought always to be resorted to."

Mr. V. then proceeds to suggest its employment in a variety of other cases,—diseases of the hip, fractures of the thigh or of the hand, of the thighbone, in carbuncle, and other abscesses occurring about the loins, nates, &c.; and also in phthisis pulmonalis, in which he thinks it likely to be decidedly useful for many reasons which he enumerates, although he admits that he has not yet in this, or in some of the other cases, been able to give it a trial.

Mr. V. thus terminates his paper:—"In conclusion, I beg leave to repeat my perfect conviction that the *prone position* will enable us to cure many cases of disease which will without it be incapable of being perfectly cured; and that even where it cannot altogether cure, it will afford such a chance of improvement, and such a certainty of relief, that it ought to be very generally adopted. To restore health to the diseased body, and beauty to the distorted form, are the proudest boasts of our art, and second only to these is its power of alleviating the pangs of sickness, and of smoothing the passage to the grave."

Several of the members considered, that in cases where the soft parts of the back had been injured, the employment of Mr. Verral's plan would be highly beneficial.

A Treatise on the Bits of Horses. By Bracy Clark, F.L.S., and Member of the Royal Institute of France. 4to, pp. 63. 2nd Edition. Renshaw.

The title of this work conveys no indication of the valuable physiological remarks and interesting scientific matter to be found in its pages. The subject itself, seemingly poor, and soon exhausted, has been invested with interest and importance by the energetic writer. Going back to the earliest era of horsemanship, he has traced the progress of the "Art of Bitting" with zealous perspicuity, through its various stages, exhibiting so close a regard to the interests of the

noble animal, and so laudable an indignation at the unmerited abuses which are inflicted upon him by man, that we unavoidably imbibe a portion of the author's feelings as we proceed, and are led to regard the proper bitting of the horse as a matter involving very high considerations.

Mr. Clark is, we believe, the only veterinarian who has written specially on the subject. Heretofore it has been engrossed by riding-masters and equestrian amateurs, and his views are consequently in keeping with his professional character. For the first time we have a sectional representation of the mouth itself, exhibiting the parts actually subjected to the operation of the bit, with observations which none of his unprofessional predecessors were able to deduce or explain. The result to the mind of the reader is a conviction that the system of modern bitting is in general one of folly and cruelty. This has afforded him sufficient inducement to take up the pen, for as he observes in the first page, "Horse affairs, through the tyranny of those who are occupied with them, seem to be beset with some spell or enchantment, so great is the fear of the public to intermeddle, as they would call it, in the matter, so that although abuses are perpetuated before our eyes every hour of the day, none care to interfere with them."

Mr. Clark thinks that this art was conducted with more judgment among the Greeks in the time of Xenophon, than it has been since the invention of iron shoes and granite roads, which, while they have increased the horse's power, have proportionately reduced the humanity of his treatment, and as the prolific sources of many evils and numerous diseases brought him in general to an untimely end. Respecting modern bitting he says,

"It is inconceivable to what an extent the grossness and violence of this machinery are now carried. Irons of the most prepostorous figure and fashions are thrust into their tender mouths under the name of 'bits,' and where any just definition of 'a bit' is wanting, any thing becomes a bit which coachmen and bit-makers please to call so. Complexity is often preferred to simplicity, where simplicity would better answer the purpose: unfortunately, too many interests are involved in pursuing such a course, though well is it known to every intelligent horseman, that gentle measures and perseverance with the horse will avail more than harsh or severe ones. How often indeed are the sufferings of that animal, and the eloquent expression of those sufferings by various movements of the head, disregarded, until obedience and patience can no longer endure such torture, and disobedience and mischief become the fruit of their use! often, indeed, even the pitiful boon of expressing their sufferings is denied them, by strapping up and strapping down, and strapping sideways, and in all other directions, in order that they may not relieve themselves or swerve from what is most distressing to them, until, at last, maddened beyond endurance, they break through every restraint, and occasion those very disasters which they are coerced to prevent, and these, to increase the control, further and still more abominable torture is proposed to subjugate them."

For the mitigation of these flagrant evils, Mr. Clark proposes means which are too long in detail to be studied elsewhere than in the work itself. He very strongly reprobates the common use of the curb or lever-bit; but for "that modern instrument of torture, the *bearing rein*," he has no tolerance whatever. He must be glad to perceive that this indefensible appendage to harness is getting much out both of fashion and use. Besides a full account of the various classes of bits which have ever been employed, the work is, as we have said, enriched by many ingenious physiological remarks. It contains sketches from ancient coins and statues, in all of which, particularly in the horses' heads on Trajan's column at Rome, Mr. Clark has observed, that the head-stall, instead of being directly behind the ears, is placed back some inches, on to the enclosure or arch of the neck. For this he could at first assign no reason, but as the appearance is constant in the representations of horses' heads executed at that time, he was ultimately led to suppose that the arrangement was adopted by those shrewd observers of nature, in order to avoid any pressure on the base of the spinal column at the large cavity, which is found between the atlas and dentator bones, "which is in fact the occipital region, or place of *pithing*,—the most tender and undefended part of the whole horse, where the insertion merely of a penknife blade would be instantly fatal."

In pursuing and experimenting upon this subject, the author has been led to regard it as a matter of so much importance, as to be worthy of illustration in his work by coloured plates of the parts, which he has given

of the full size from nature. He calls the cavity the "hiatus atlanteus," and ascribes the common effect of "carrying the head low," especially under the operation of a strong lever-bit, in a great measure, to the improper pressure made on this open and undefended region. Mr. Clark's remarks on this point are certainly deserving of serious attention; since if his views are as correct respecting it as they usually have proved to be on veterinary subjects, we daily inflict unnecessary injury on the horse. He proposes a convenient form of bridle, something after the ancient Roman fashion, to obviate this evil, and also a newly-invented "chain-bit." The latter has been in use by various persons during the last two years, and is found to possess valuable properties, and as a bit for general use, it is said to be superior to any other.

It will be in the recollection of many of our readers, that some years ago we advocated in THE LANCET the principles which Mr. Clark maintains respecting that most important organ, the foot of the horse. We can now add, that his nomenclature has lately been adopted in the continental veterinary schools, and that, as fast as prejudice can subside, the *expansion* principle in shoeing is becoming generally received in this country.

The pupils at the "Royal College" have lately paid a tribute of respect to this gentleman's professional talents, by electing him President of the Veterinary Medical Society, although it is well known that Professor Coleman has been ever opposed to his discoveries, which have been better received and appreciated by the public at large than at that institution.

*** After page 304 was printed off, the following errors caught our eye:—line 30, *for* "perpetuated," *read* perpetrated; col. 2, line 40, *for* "enclosure," *read* enclosure; line 48, erase the comma.

THE LANCET.

London, Saturday, May 28, 1836.

ARE there any regularly-educated physicians or surgeons in the borough of Stroud in Gloucestershire? Are there any medical practitioners in that borough who are members or graduates of any of our colleges or universities? The influence of an enlightened education must be lost upon them, if such practitioners exist in that town, unless they resist to the last extremity the insult which has been offered to them by the Board of Guardians belonging to the Stroud Union. We are *accustomed* to witness the ill-treatment of the medical body. We have observed for some years past that pettifoggers of every kind delight in casting their filth at those professional men the extent of whose acquirements they cannot comprehend, and whose utility in exercising the functions of a noble and generous profession they have not the brains or the feelings justly to appreciate. Of all the assaults, of all the attacks, which have been directed against the interests, the respectability, and the independence of the medical profession in this country, that of the POOR-LAW COMMISSIONERS and the BOARDS OF GUARDIANS is the most severe and malignant. Bad enough is that attack with respect to the profession. Odious enough is it, as offering an insult to, as persecuting thousands of, high-minded and learned men. But the tongue and the pen both become powerless,—the means of description fail,—when we are forced to reflect on the *consequences* of that outrageous attack upon the sufferings and necessities of the sick poor. Unhappy creatures! The humane law of Elizabeth, so far as the medical treatment of the sick poor is concerned, is subverted by the most villanous statute that was ever devised by cold-blooded political economists.

But how is it that the Guardians lend themselves to these proceedings? Who, for instance, are the members of the Stroud Board of Guardians? What is their station in life? Are they negro-drivers who have been purposely imported from Jamaica since the passing of the Slave Emancipation Act. Assuredly some friend to the cause of humanity at Stroud will forward to THE LANCET a description of their names, occupations, and politics.

The Poor-Law Commissioners have frequently asserted that they do not interfere

between the Boards of Guardians and Surgeons, with reference to medical contracts. But here we have a case where there is *no* contract. In another part of THE LANCET this week (page 316) will be found the audacious manifesto which has been issued by the Guardians of the Stroud Union. Therein it is announced with all the pomp and conceit of official authority, that "the Board of "Guardians for the Stroud Union *will give no* "*regular salaries to medical officers*, but they "will contribute to the medical club for "those persons whom they may consider to "be in such a state of poverty that they "cannot make provision for themselves."

They will "contribute to the medical club!" How singularly generous! And the terms of subscription in the club are as follows:—

"For a person maintaining himself or herself, 3s. a year.
For a man and his wife, 4s. a year.
For each child of a family (if one be subscribed for all must), 6d. a year.
For every person in the same family above the age of 16, 2s. a year."

Now the Board of Guardians either believe or they do not believe that sick persons can be properly attended, and receive the necessary medicines, for the sums here set down. If such a belief be actually entertained by them, then are they fools. If they hold no such opinion, then are they knaves—cruel and mercenary knaves. "*A man and his wife, four shillings a* "*year!* For *every child in a family*, "*sixpence a year!*"—sums of assurance, which, if they were awarded to a veterinary surgeon, would evidently entail the speedy death of a mangy dog! In the case of *sickness* the Guardians of the Stroud Union will pay *sixpence a year*, and no more, to any medical man who will provide attendance and medicine for any poor child under sixteen years of age! *Sixpence a year!*

A "Pauper Schedule" is framed in Stroud, and the persons whose names are entered therein are to be the only individuals in whose *favour* the Guardians will subscribe; "because," they state in their proclamation, "it should be understood that no able-"bodied man, nor any persons capable of "earning their own livelihood, will be "placed on the pauper schedule;" and, further, the Board of Guardians have come to an unanimous determination, "that they "will not, unless under very special circum-"stances, provide medical assistance for any "persons whose names are not inserted in "the pauper schedule."

Observe; these Guardians cause a medical club to be instituted. The sums subscribed to it *cannot* reward the medical men for their services,—*cannot* protect the poor from suffering and death. They then declare that no able-bodied person, although out of work and starving, shall be placed upon the pauper schedule; and then they further proclaim, that, unless under very special circumstances, no sick person who is not on the pauper schedule shall be provided with medical assistance in case of sickness. Should any calamity happen in Stroud, where the cause of death can be brought home to these Guardians, through the absence of timely and efficient medicine and medical attendance on the poor, we hope that there is a CORONER in Stroud,—we do hope that there are also JURYMEN in Stroud,—who would, by their sense of justice, their intelligence, and their decision, at an inquest, declare by verdict that England is a country in which all feelings of humanity have not been wholly turned aside by the Satanic spirit and cold-blooded calculations of political economists, and that although manslaughter under the most aggravated circumstances may have been committed by persons who are decked with a little brief authority, nevertheless the means of punishing such culprits are still within the reach of the law.

The last part of this insolent proceeding is worthy of notice:—"It is *expected* that all "the medical gentlemen in the Stroud Union "will form medical clubs." Who *expects* that the medical gentlemen of Stroud will make such asses of themselves? Who *expects* that the medical gentlemen of Stroud will *volun-*

tarily deceive and destroy the poor, by undertaking to supply them with medicine and attendance for *two shillings a year* for adults, and sixpence a year for each child? If the Board of Guardians have *commanded* the medical practitioners of Stroud to establish these sixpenny clubs, and if those practitioners are in the habit of stooping to be *kicked*, we can understand why such an "*expectation*" is entertained. But, if there exist among those practitioners that *esprit du corps* which injustice and insult, and which, moreover, similar education and pursuits, are calculated to generate, the proposals of the Board of Guardians will be treated with contempt, and their infamous and audacious proclamation will be flung back in their teeth, by the indignant medical gentlemen of Stroud.

Trusting that some correspondent at Stroud will state what farther has been done by the Board of Guardians, and how far their scheme has succeeded in subduing the independence of the practitioners, we shall refrain, for the present, from saying more on this most disagreeable, but exciting subject.

THE memorial of Mr. VERONI, relative to a death which has recently occurred in the Hertford department of the establishment of *Christ's Hospital*, and inserted at page 315 of the present number of THE LANCET, will be read with intense interest by parents generally, as well as by all medical practitioners. This case must undergo an investigation before the CHARITY COMMISSION. We will not, therefore, prejudice the question farther than by saying, that nothing in our opinion can be or could be more scandalous, than to place in such an institution as *Christ's Hospital*, any medical officer whose opportunity of treating the diseases of children had failed to afford to him a very extensive experience in that branch of his profession.

ST. GEORGE'S HOSPITAL DINNER,

MDCCCXXXVI.

THE usual annual dinner has been given at the Thatched House Tavern, by the officers and pupils of *St. George's Hospital*, when Mr. FULLER, the celebrated general practitioner of Piccadilly, took the Chair. The Meeting was not numerous, and it was deficient in much of its usual interest, which was attributed to the continuous disagreements and personal altercations which took place amongst the medical officers of the establishment during the last session; and though the quarrels have in some degree been adjusted, the interests of each party having materially suffered from them, yet neither seems to think it prudent publicly to avow a cessation of hostilities

The CHAIRMAN, after dinner (having given the usual appropriate toasts, not excluding that of "the Queen," who has contributed some money to the treasurer's box), felt the impossibility of expressing his gratification at the prosperous state of the hospital funds. It greatly solaced him to see a new erection, when he reflected how much had depended on his own personal exertions to raise that grand building. The difficulties he had to overcome in getting subscriptions and preventing the charity from being defrauded by a set of rapacious artisans were incredible. (*Hear, hear.*) During the many years in which he had devoted his time to the Institution, he flattered himself that he had done much to diminish the expense of drugs, to ensure a superiority in their quality, to check extravagancies, and to prevent peculations and robberies on the part of the nurses. He hoped these humble exertions were appreciated. (*Applause.*) He would conclude by giving "The health of the College of Physicians, and may they long outlive the intrigues of their enemies." (*Cheers.*)

Dr. CHAMBERS.—I have to return you all, in the name of the College, my best thanks for the compliment just paid to us. I assure you that the College has long been and still is most busily occupied in the work of internal reform. ("*Hear, hear,*" *and laughter.*) Depend upon it we are most anxious to do all in our power to benefit the profession, having a due consideration for the interests of the College, which Institution after all is the great prop of the renown and the moral character of the profession. ("*Hear, hear,*" *and* "*Oh, oh.*") You have all heard of the deep interest which I have taken in the new Metropolitan University. My esteemed friend opposite, Sir B. Brodie, in the height of his zeal, got introduced to Mr. Spring Rice. A negotiation ensued through Lord Brougham in order that the friends of the worthy baronet's views might

pull altogether, and secure the advantages which might, under *our own* management, be derived from the new establishment. (*Applause.*) I *then* did not entertain the smallest doubt of getting the University framed according to our wishes, and had it not been for the unwarrantable loquacity of certain persons respecting our proceedings, we should certainly have succeeded. But for *that*, the new University would have been, ere this, a part of that venerable system which has worked so admirably for all purposes at St. George's. (*Great cheering.*) It now only remains for our able literary ally, Dr. Roderick Macleod, to abuse unsparingly, on our behalf, whoever may be appointed to the various chairs in the Institution. (*Great applause.*) Our venerable president, as you all know, has placed me on the Reform Council of our College, but as his first act was most prudently to swear us to observe the strictest secrecy in all our doings, I cannot venture to tell you more than that the Council will either do *little*, or *much*, or *nothing*, just according to the degree of pressure from without. We have, however, agreed to make *liberal* promises, and every effort must be used to admit to the degree, all liberally-disposed practitioners, such as Messrs. Pennington and Pettigrew, Maudsley and Morison, Vance and Quim, and such-like. (*Great cheering, with some "Oh, ohs."*)

The CHAIRMAN next proposed "The health of the President, the Council, and the Commonalty of the Royal College of Surgeons."

Mr. HAWKINS, an assistant-surgeon of the Hospital, had long hoped that the present corporation of Surgeons would remain unchanged,—at least during *his* time, as he had looked forward to the day when he might enjoy, like some of those around him, a portion of the immense revenue levied on the students by that honourable chartered body. (*Hear.*) He regretted, however, to see that a spirit of innovation, technically called *reform*, was making a rapid progress, and he felt convinced that if the College of Physicians succeeded in giving licenses to practise in any department of the profession, the College to which he had the happiness to belong would be swamped. (*Groans.*) Whilst, in common with those who were present, he lamented the unceasing dissensions which had been going on amongst the medical officers of St. George's, he could not shut his eyes to the many and numerous advantages which attended St. George's Hospital as a School of Medicine. (*Cheers.*) He believed that he was not shooting with a long bow, in saying that the pupils of St. George's were the admiration of all schools in the world (*Marks of surprise, but cheers from all the Students*); a distinction which he could only attribute to the *high-breeding* and moral character of the medical men of the Institution. Whilst the ill-bred pupils of *other* schools indulged in "heavy-wet," the disciples of St. George's, as the company could all testify, were good judges of champagne. (*Great cheering.*)

Mr. LANE, in the midst of considerable uproar and confusion, wished to know if Mr. Hawkins's allusions were meant to be *personal*. (*Cries of "No, no."*) He did not know what Mr. H. meant, when he said that all the medical officers of St. George's Hospital were, and had ever been, *high-bred*. (*Hear, hear.*) He (Mr. L.) was the last man who wished to bestow any consideration on such subjects here, but had the question been put to him, "What was the kind of men who had *adorned* this hospital?" his reply would have been, that there was no institution where aristocratic absurdities had less influence, and where *intellect*, the ornament of human nature, was so highly valued. (*Great cheering.*) They ought never to forget that John Hunter was a carpenter, and that the Hunterian robber, Sir Everard, was brought from the plough. Let them only look to those men who formed the present medical staff of St. George's Hospital. Far from wishing to indulge in any feelings of revenge towards Mr. Cutler, his (Mr. L.'s) successful opponent, yet he recollected his (Mr. C.'s) leaving the humble situation of purser's clerk in the navy. He (Mr. L.) was not old enough to recollect Sir Benjamin's *début*, though he always understood that his father—a bookseller at Salisbury—had sent him up to London as a mere adventurer; and as to the *physicians* of the hospital, he thought that none of them were qualified to enter for the Derby. (*Great laughter.*)

Dr. SEYMOUR (the health of "The physicians of the hospital" being drunk) returned thanks. Every man's rank depended on the duties he was called upon to perform by the public. During the time when the cholera was ravaging the country, and there was required a mind which was more than usually strongly constituted to stand the blast, and a person whose discretion, moral habits, and education, were not to be denied, he (Dr. S.) was chosen as the head of the Board of Health, with an appropriate salary. Every labourer was worthy of his hire, and the task devolved on him (Dr. S.) of preparing the public mind for every disaster. Unfortunately for his interests, the public became *too much* terrified; the Board was overthrown, and the members were all sent to the right about. (*Laughter.*) But this was a fortunate event for St. George's Hospital, as it enabled him to give his whole and undivided attention to the patients, and he should continue to work for the institution so long as he found it contribute to his interest. There was no greater error than to suppose that medical men were to give up their time to hospitals

for *charitable* purposes. Whoever heard of a parson christening a child, or reading the burial service, without his *bonus?* He (Dr. S.) regretted that he was also bound, like Dr. Chambers, to observe profound secrecy on all College matters. His (Dr. S's) habits of conversation made him prefer liberty of speech. The principles which had always guided the College, every one was quite aware of. They hated all d—d innovations, and c—d innovators (*vociferous cheers*), and he might safely say, that the Fellows were all agreed in these great *principles*. (*Hear, hear.*) He (Dr. S.) might create difficulties, merely to throw dust in the eyes of the public, and even if the whole thing was left to a supposed liberal *Cantab*, that gentleman was too deeply interested in things as they were, to wish for a *thorough* reform in the College. He (Dr. S.) was appointed by Sir Henry Halford to manage the committee, and he was certain that they could not do better for themselves, than by exactly complying with Sir Henry's wishes. He (Dr. S.) would soon prove that medical degrees were a farce altogether, unless they came from Oxford or Cambridge. There had already been too many imported from France, Germany, Russia, and the Pope's dominions, yea, even from Lambeth! (*Cheers and laughter.*)

Dr. WILSON, on his health being drunk, thanked the company for the honour they had done him. It was painful to enter into *explanations*. He hoped that the time was near at hand when he and Mr. Lane, his cousin Mr. Stone, and his uncle Sir Charles, would be appointed to the Kinnerton school, and that the present *incapables* would be turned out, thus forming one great national seminary, teaching youth the way in which they should go, that when they became old they might not depart from it. (*Hisses and cheering.*)

Sir BENJAMIN BRODIE's health was drunk in a bumper. Having observed in THE LANCET that a report of their speeches would appear in that journal, he thought it would best answer his purposes to say nothing. (*Immense cheering.*)

Mr. CUTLER was glad to have a public opportunity of expressing his deep gratitude to Sir Benjamin. He asked them all, what would he have been had not Sir Benjamin befriended him. When he quitted his Majesty's service in the Royal Navy, Sir Benjamin made him his private assistant. It had been maliciously said, that Sir Benjamin always advised his friends never to employ *talented* men to assist them. (*No, no.*) But he (Mr. C.) was here that day to prove the falsehood of the charge. All of those among the company who chose to follow the same course in life, would find the same advantages open to them. (*Bursts of applause.*) He sincerely trusted that the Kinnerton-street School would be united with the Dissenters, at St. George's, and that Mr. Lane would stitch them together in a most workmanlike manner. From the kind mediation and good offices of Sir Henry Halford, it gave every one pleasure to perceive that Dr. Wilson's tone of liberalism was now quite subdued, and when he (Mr. Cutler) heard of his dear friend and esteemed master, Sir Benjamin, having shaken the Doctor by the hand, it produced a sensation in his heart which he could not express.

Mr. WALKER, as one of the assistant-surgeons of the hospital, thought it his duty to come forward and publicly declare that the *eye* contest had ceased. He was quite aware of the necessity of union between the two contending parties, and he should henceforward be glad to do all in his power to ensure a general peace, if the other party would come forward first with terms. Before sitting down he begged to propose a toast, which he knew would be drunk with three times three by men of all ways of thinking, for while the object of the toast was the idol of the good, it was the terror of all bad men. "The Press." (*Bursts of applause.*)

Mr. JAMES JOHNSTON, after a good deal of uproar, the bottle having by this time been freely circulated a great many times, begged to return thanks, both in his father's and in his own name, for this testimony of public approbation, the journal being jointly conducted by him and his honoured parent, of whom it did not become him to say much. Indeed he would rather that his venerable parent should speak for himself on that subject, to prevent mistakes, for, as every body into whose hands the journal fell must know, they did not always agree in sentiment as editors. It might be thought strange by some simple persons, that while the father was writing one kind of opinion in one page, the son should be expressing a directly opposite sentiment in another, so that it was said that no one could tell what the principles, medical or political, of the journal really were; but he would explain that presently. Mr. Aston Key had most maliciously said, that he (Mr. James) was a cad of Sir Benjamin's, and had to write up Sir Benjamin's practice, and to keep down medical reform, as a portion of his duty in that capacity. Part of this, upon his honour, was not true, and he had so well blackguarded Mr. Key for his dirty libels, that he doubted whether the obscure surgeon in the east would again venture to be impudent to a gentleman and an editor residing in the west. But to return to the press in general, he would say that nothing had contributed so much to the benefit of mankind as a free and independent press. It was true that his father at different times had vacillated, but he (Mr. James junior) had no sooner become a joint editor, than he reflected how he might contrive to make the journal perfectly steady, and at the same

time suit his own private purposes. They would all recollect, that on leaving the hospital as a student, he had published a long series of *unfortunate* operation cases in the *Medical-Chirurgical Journal*, accompanied by some sharp critical remarks. It had the best effect, the very effect which he intended and hoped would be produced. Overtures were soon made to him from certain quarters, and he at once discontinued the system. No sooner did the uproars at St. George's take place, and Sir Benjamin form his opposition school, than the worthy baronet in the most handsome manner appointed him (Mr. James) a professor. No one who had chanced to see their journal since, could accuse him of ingratitude, and he had now an honest pride in making the Quarterly subservient to the interests of the hospital, and in particular to that of their own school. Before sitting down, he requested permission of the Chairman to fill a bumper to "The prosperity of the Medical Gazette, and a long and merry life to its editors, Doctors Macleod and Cummin, and its few enlightened supporters."

Dr. MACLEOD regretted that he could not give them, consistently with the well-known integrity of his character, so satisfactory an account of the profits of the journal as he wished, and as to the quality of the materials which he was in the habit of inserting, they must all be aware that he was much perplexed and fettered by certain parties who compelled him to publish their trash. He therefore took this opportunity of soliciting the strenuous aid of his friends, Sir Benjamin Brodie, Dr. Chambers, Dr. Seymour, and other eminent contributors, by whom he had now the honour of being surrounded. He could not help taking this opportunity of expressing his hope, that the letter which he had written to himself and printed in the *Gazette* on "bread pills," was satisfactory, ("*Quite, quite,*") and that all rational men were convinced that the unfortunate blunder which he made in *printing* a receipt for bread pills in the pharmacopœia of the Westminster Dispensary was a blunder of youth, and not the immoral act of riper years. As he was still anxious that the public should not know that he continued to be the editor of the invaluable journal, he had thought it expedient to address the letter of explanation to "The Editor," for even Dr. Cummin would not permit his name to appear as connected with the journal.

The conviviality of the evening was kept up to a late hour, when the meeting broke up very peacefully.

THE LATE DR. FLETCHER OF EDINBURGH.

[THE biographical sketch of which the following is a condensation, is from the pen of Dr. LEWINS, of Leith, who, we are informed, intends to publish a copious memoir of his learned friend, to appear with the third part of Dr. Fletcher's "Rudiments of Physiology."]

Dr. FLETCHER, whose premature death has been recently announced, was the eldest son of Mr. Thos. Fletcher, merchant, of London. It was the intention of his father to bring him up to his own profession, and young Fletcher was placed in a countinghouse with that view for some time. But to a mind like his, a mercantile life was intolerable, and no prospect of ultimate advantage was regarded by him as sufficient inducement to forego the gratification which he promised himself in the cultivation of science and literature. To this, therefore, he soon entirely devoted his years, and at an early period gave abundant promise that, in due time, he would gain for himself fame amongst the learned of the age. In the autumn of 1813 he proceeded to Edinburgh to prosecute the study of medicine, having previously attended, though irregularly, the lectures of the late Mr. Abernethy and Sir Charles Bell, in London. In 1816 Dr. Fletcher obtained the degree of Doctor in Medicine, after writing and publicly defending an inaugural dissertation "De Rei Medicæ Vicissitudinibus," which, from its excellence, but especially from the purity of its Latinity, obtained the marked approbation of the late distinguished Dr. Gregory, then professor of medicine in the university.

Dr. Fletcher intended to settle in London, but an event occurred soon after he had finished his medical studies, which frustrated this intention, and entirely altered the plans of his future life. The event deprived him of all his patrimony, and rendered it necessary that he should, by his talents, provide for his immediate wants, which, although nurtured in affluence, he could, to his credit, make few, when prudence required the sacrifice.

The system of teaching medicine, and the mode of granting medical degrees at this period (1817), were, in many respects, faulty and imperfect. The practice of conducting all examinations in the Latin language, rendered it necessary for the candidates to employ a class of men known by the name of "grinders," who frequently did little else than enable pupils to answer questions by rote in bad Latin. Dr. Fletcher's knowledge of this discreditable practice, induced him to return to Edinburgh with the view of establishing a system of tuition, akin to that practised at Oxford, in the way of pri-

vate tutorship, a mode of life more congenial to his literary habits, than the labour of general medical practice. As soon as it was known that Dr. Fletcher had arrived in Edinburgh with the view just mentioned, the most respectable medical students flocked to him for instruction, and he was thus at once enabled to render his attainments available to supply his loss of fortune.

Dr. Fletcher joined the Argyle-square Medical School in 1830, as lecturer on Physiology, and latterly also lectured there on Medical Jurisprudence. He taught both of these branches of medical science in a way which has seldom been equalled, never surpassed in Britain, and the number of his pupils steadily increased. In the beginning of 1836 he delivered a course of popular lectures on Physiology to a numerous audience, amongst whom were several members of the Scottish bar and the English church, and other gentlemen, distinguished for intellectual endowments. The variety and extent of information which Dr. Fletcher communicated, and the beautiful preparations and diagrams (the works of his own hands) by which he illustrated his subjects, surprised his audience. Little alas! did they think, while listening to his graphic descriptions of the structure of organized bodies, and his luminous exposition of their various functions, that his sun was to set while it was yet day with him, and before he had finished the work so energetically and auspiciously begun.

Dr. Fletcher's health had, for some time, been delicate, but he found it necessary to confine himself to the house on the 3rd of May; so insidiously, however, did the disease progress, that no alarm was excited on the subject, until Dr. J. A. Robertson, on calling accidentally on business, discovered the actual condition of his friend. Other members of the profession afterwards rendered all the assistance which their art afforded, but in vain. He expired early on the morning of the 10th inst., after only a week's confinement to the house, and scarcely one entire day to his bed. The immediate cause of death was an inflammatory affection of the lungs, and the condition of those organs proved to be such as must have precluded the possibility of long life, but it is certain that Dr. Fletcher's intense application to study was the means of shortening the period of his existence.

Dr. Fletcher was the author of several works of considerable merit, but we shall here only advert to that on Physiology, and on it alone his claim to professional distinction may be safely founded. Only two parts are yet published. The first on *organism*, and the second on *life*, as manifested in *irritation*. The third part on *life*, as manifested in *sensation* and *thought*, has yet to appear. The manuscript, though not fully prepared, is left in a sufficiently perfect state for publication in due time. Very honourable mention has been made of this work by the periodical press of the last three months, both in Scotland and England. It were an easy and a grateful duty to expatiate on Dr. Fletcher's private worth, the refinement of his mind, the extent and versatility of his acquirements, and the value of his friendship; but as it is only consistent in this place to delineate his public character, the writer concludes this imperfect biographical sketch, by repeating the opinion he formerly delivered, that by Dr. Fletcher's death science has lost a most industrious and successful cultivator, and the medical school of Edinburgh one of its brightest ornaments.

FEAR DURING OPERATIONS.

Unsteadiness in a patient, during an operation, is one of the many trying things which disturb the tranquillity of a surgeon in extensive practice. In an operation on the eye, the ear, the throat, or an artery, in a dangerous position; or an operation for stone, or a high fracture of a limb, demanding the knife, vast responsibility rests on the composure of the sufferer. Even in bleeding, how much depends on the patient! What numbers of aneurysms, what even losses of arms, may be traced to his want of courage — that passive courage of which women may justly claim a more than proportionate share. Much also depends on the steadiness, and mild, though confident manner, in which the surgeon himself sets about his painful duty, inspiring his victim with reliance on a certainty of relief at the expense of a temporary amount of suffering.

These thoughts forcibly present themselves to my mind, on recurring to a case in military surgery, in which a man had suffered some time from a fistula, which there was every hope would be cured by the usual very simple operation. The man was placed in the ward with his head towards the door, to afford the operator sufficient light, and was directed to assume the semiflex position, resting his hands upon a chair. The surgeon oiled his finger, and with that motion which is compounded of the corkscrew and the push, gently insinuated his finger into the rectum, a probe having previously pointed out the course of the fistula. But at the moment the bistoury was handed by an assistant, the soldier cast a rapidly investigating glance beneath his right arm, when the light, brilliantly shed from the polished steel, caught his eye. His own immediate condition flashed upon his mind, and thoughts of instant retreat arose in his terrified mind. He instantly dashed aside the chair, and attempted to bolt, and

most probably would have succeeded with a less experienced practitioner, but my friend, on the instant that the firstemotion gave intimation of the wayward design, instinctively hooked his finger. The soldier struggled. The doctor hooked tighter and held faster. The soldier redoubled his exertions. The doctor crouched and grasped the table. The soldier redoubled his efforts. A scene presented itself which defies description. I know not whether the olient state of the finger, or a sudden relaxation of the sphincter, caused the result, but the soldier, by a cunning screw and a final jerk, slid from the doctor's crooked but slippery finger, with a rapid concussion of air from the cavity, which astonished the by-standers, and excited still farther the ire of the baffled surgeon, who, I regret to say, blessed him once or twice with unbecoming vigour, and administered, as he staggered off, such an inhuman "rise" behind, that the poor sufferer came to the floor, lengthwise, amid the half-disappointed, half-compunctuous feelings of spectators and surgeon, who was almost inconsolable at the frustration of an *operation* by the terror and indecision of the patient.—*Medical Peacillings.*

TREATMENT OF FRACTURES WITHOUT SPLINTS.

To the Editor of THE LANCET.

SIR: In your valuable Journal, dated May 14th, I observe "A Case of Double Fracture of the Thigh successfully treated in less than four weeks, without the Use of Splints," by Dr. James Inglis. The communication commences with a smartish tirade against the profession generally, because it has not permitted a revolution in the treatment of broken bones to occur within the short period of six months. The writer's disappointment need not be so acute as he says it is. There is no doubt that if the system proposed by Mr. Radley be judicious, it will prevail, in spite of prejudice, either professional or otherwise. But my business is not with Mr. Radley, but Dr Inglis. It seems to me (and I have had some experience in fractures) that his case, like many cases in surgery now-a-days, is a little *too striking*, to produce the benefit he desires. In a boy, nine years old, there were two fractures of the thigh, one below the great trochanter, *where several splinters of bone could be distinctly felt*; the other at the lower third of the bone. The accident occurred on the 1st of March. In nine days the lower fracture was united, but at the upper fracture the "splinters were felt rubbing against each other with the usual grating noise;" i. e. no restorative action had commenced, and yet on the *twelfth* day, we are informed that both fractures were united. This strikes me as a little unusual, at least it is so in Dublin. I am, Sir,

Your obedient servant,
M.R.C.S.I.

Dublin, May 22, 1836.

*** We cannot understand whether our correspondent means to imply his belief that the case was not one of double fracture, or to express a doubt that the dates were erroneously quoted. However, even presuming that the former is intended, incorrect as must be the assumption, it is very certain that the case would, but for the promulgation of Mr. Radley's plan, have been treated, with splints and tight bandages, in consequence of the evidences of fracture which, in the opinion of Dr. Inglis, were manifest, and in that case no sensible man can entertain a doubt of the mischievous effects of their application to a limb so deeply injured. We print the letter, however, to obtain the attention of Dr. Inglis to the doubt which the singularly rapid *denouement* is calculated to create.

NEW POOR-LAW ACT.—MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR: Allow me to call your attention to a new device of the proprietors of the Apothecaries' Hall, by which they seek to levy new contributions on the medical profession, now that they find their career drawing to a close. They have been endeavouring to persuade country practitioners, that under the provisions of the New Poor-Law Act, a medical man contracting for parishes cannot any longer employ any assistant, unless such assistant be a member of the Apothecaries' Company, whereas the Act merely provides that the medical men *contracting* for parishes shall be legally-licensed practitioners; as the legislature could never contemplate on compelling medical men to provide for parish patients an assistant who is otherwise qualified than the one employed in attending upon his own private patients, and the Apothecaries' Act does not require that assistants should be members of the Apothecaries' Company.

Will you have the kindness to look into the Act and favour the profession with your opinion on the subject. The interference of the company is calculated to occasion much inconvenience to country practitioners, and

injure very materially a meritorious and ill-requited class of persons—medical assistants. I am, Sir, yours, &c.

A Country Practitioner.

*** Has any *official* notification been made on the subject to which our correspondent refers? If so, where is the document to be seen.—Ed. L.

MEDICAL REFORM.

To the Editor of The Lancet.

Sir: None are more sensible than yourself of the deplorable state of the medical profession. To correct its defects you have laboured incessantly for fourteen long years. You may truly be considered the "Major Cartwright" of medical reform, whose writings have at least stirred up the profession to a sense of their degraded condition, in your person combining the Alpha and Omega of the cause, the leader of the medical movement party, who can, like Mr. O'Connell, back your authority by saying "There are millions of us!" This is not an exaggerated statement, for the public at large take a lively interest in the question, and heartily desire to be relieved from the "taxes on medical knowledge."

But how are the public affected by it? Why in more ways than their philosophy dreams of. Let me point out a few.

The *drug* dealers and the *bottle* merchants are paid out of the pockets of the patients. According to the present vile system, every apothecary has a bribe held out to him to make a job of each case that falls under his care. He is not remunerated according to his skill, but according to his *tact* in supplying *medicine*. This is a crying evil. I have worked behind the scenes, and will disclose a little of its dishonesty.

My employer, a fashionable surgeon-apothecary, used frequently to be laid up, on which occasions the whole of the duties of the *shop* devolved upon me. On one occasion the night-bell was more than usually on the ring, and repeated applications in the day, for medical attendance, indicated an excessive press of business. I treated the patients to the best of my professional abilities. The main object that *I* had in view, was *the recovery of the sick as expeditiously as possible*. After a fortnight, my master was so far recovered as to attend to business himself; but previous to going his rounds on the first day, he called for a list of the patients, most of whom were convalescent. So simple-minded was I, that I expected on his return, to receive thanks for my successful mode of treating them. However, he came home, "grumpy as a bear with a sore pole," and after drawing himself up to his full stretch, with puckered-up countenance, he thus rebuked me: "On these occasions you should leave a little for me to do. Most of those cases which you have made a cure of in two days, I should have had on hand for six weeks." The truth of the adage, "Honesty is praised but starves," is proved by some, who are then obliged to confess "that they get no thanks for their integrity." Conscientious general practitioners endeavour to break through this vile system of "sending in medicine," and charge for their skill or attendance. The liberal portion of the public make no demur to it, but the illiberal object to it, and raise on it a plea for postponing payment *ad libitum*. I can see no other way of introducing the system than by forcing it upon the attention of the public, and by convincing them that it is decidedly to their interest that it should be adopted, and also by showing them (which no doubt will, more than anything else in these economical times, render the new system acceptable) that it is the cheapest, as well as the most efficient and safe plan.

The public are frightened at "calling in a doctor." The consequence is, that those, whose means are limited, flock to some noted chemist's shop; for instance, to Foulger's, in Ratcliffe-highway, or to another house, equally famous in the same line, in the Minories. Indeed, in every large district there is some well-known medico-chemical establishment, where manslaughter is legalized, or where "killing is no murder;" and while these charlatans are driving a good trade, the licensed apothecary residing within a few doors of them is starving. "What, would you deprive the poor man of *his doctor?*" No; but I would of *his quack*. No man should be allowed to prescribe behind the counter of a chemist's shop without possessing vouchers of some sort that he understands the principles of the practice of physic. "What! in *this* age, when every monopoly is about to be thrown open, would you establish a medical inquisition?" No. But I do not see the equity of permitting one man to prescribe in a chemist's shop, when another, if he steps over the sill of his door to prescribe, renders himself liable to a prosecution. If a legal enactment be justifiable to protect his Majesty's loving subjects outside of the chemist's shop, it is equally necessary to protect them within.

With regard to the real necessity of every one who desires to practise the healing art passing *some* public ordeal or examination, the question has been long set at rest, though no proper and effectual result has followed the decision. The reform itself, however, must follow the declaration in its favour. In the mean time, however, medical students ought to be far more fully told at the Halls and Colleges what extent of

knowledge is required in them, with what books they are expected to be familiar; and the boards and councils ought to make known in print what they consider to be the orthodox modes of treating diseases and accidents, to be revised as often as they shift their ground. Cullen was formerly their text-book, and so was Celsus. Now they are both laid upon the shelf, being superseded by Robertson's "Colloquia" &c. on "Practice of Medicine," a very good medical school-book, but distasteful enough to young men of real science and extensive acquirements, and most contemptible and puerile as a book of cross-examination in the present day. A knowledge of botany carries far too much weight with the rhubarb dealers! The "apothecary" has become the "physician" of the community, and has left the *grocery* of the profession to the druggist. Therefore it is far more important to the general practitioner to know human anatomy and physiology than vegetable, and to be able to discern the ill-condition of a secretion than the adulteration of a lump of rhubarb. Other persons will take care of the latter for him. The fact is, as regards the Apothecaries' Company, that their shops contract their minds, and, like the cobblers, they cannot stir beyond their lasts. It is high time to take all power away from them, except that which they possess behind their counters. They may be very good druggists, but they are most rascally physicians. I am, Sir, your very obedient servant,

A MEDICAL REFORMER.

London, May, 1836.

PATRONAGE OF QUACKS.

To the Editor of THE LANCET.

SIR: The thanks of the profession are due to you for the zeal and ability with which you have opposed the atrocities of empiricism, but the unceasing machinations of quacks cannot be repressed, or the immolation of numerous victims prevented, without the cordial co-operation of the public at large, with your humane efforts to expose such monsters as Morison. It is with this view that I beg to ask, through the medium of your pages, whether the Doctor Valentine Mott of New York, who is now reposing in the sunshine of the patronage of Mr. Mayo and many of the pures at the West-end, be the same Valentine Mott who stands in front of the supporters of the American quack *Swaim*. It is certain that a Dr. Valentine Mott's certificate in favour of "Swaim's Panacea" is published in the book which Swaim has put forth to ensnare the ignorant, and every man of humanity therefore has an undoubted right to call upon Dr. Mott either to repel the calumny of the quack, or to suffer the ignominy consequent on an alliance of such a nature. It is even the more imperiously demanded, when such a man is patronized by those *pures* who treat with contumely the general practitioners of England, and are endeavouring to persuade the public that they are the standard of taste, talent, and propriety in our profession. The book of the designing quack *Swaim*, to which I refer, was printed at Philadelphia by *John Biren*, and published in 1833; it contains indecent and loathsome daubed pictures principally of the diseases pretended to have been cured thereby, and the testimony of Dr. Valentine Mott in its support, as you may easily satisfy yourself by calling at some of the druggists who vend the nostrum, and who are ever ready to show the book. I am informed that the panacea is sold at a guinea a bottle, and that its proprietor, Swaim, is at this moment wallowing in the riches accruing from his audacity. I am, Sir, your obedient humble servant,

A GENERAL PRACTITIONER.

FOTHERGILLIAN MEDAL.

To the Editor of THE LANCET.

SIR: I am directed by the Council of the *Medical Society of London* to inform you that they have selected the following subjects for essays for the Fothergillian medals. For March 1837, "On the Use and Abuse of Mercury." For March 1838, "The Structure, Economy, and Diseases of the Ear." The Fothergillian medal is valued at twenty guineas. It may be competed for by any one on the following conditions. 1. The essay must be sent to the registrar on or before the first day of December. 2. With it shall be delivered a sealed packet, with some motto or device on the outside, and within, the author's name and designation, and the same motto or device shall be put on the dissertation, that the Society may know how to address the successful candidate. 3. No paper in the handwriting of the author can be received.

I am, Sir, your obedient servant.

GREVILLE JONES, Registrar.

Bolt-court, May 20, 1836.

STROUD BOARD OF GUARDIANS.

To the Editor of THE LANCET.

SIR: As the able advocate of the profession, I beg to hand you this bill, that you may form some idea how the Directors and "Board of Guardians" are disposed to supply the poor of this borough with medical attendance, and the mode in which they are

insulting and acting towards the members of a liberal profession. Being well aware of your superior competency to conduct the subject, I shall leave it for your remarks, and am, Sir, your obedient servant,

P. T.

Stroud, May 18, 1836.

"Stroud Union.—Medical Club.

"1. Every person contributing regularly during health and sickness a small annual sum, shall be entitled to medical attendance, medicines, and appliances of every description.

"2. The terms of subscription shall be as follows:—

For an individual maintaining himself or herself, 3s. a year.
For a man and his wife, 4s. a year.
For each child of a family, if one be subscribed for all must, 6d. a year.
For every person in the same family above the age of 16, 2s. a year.

"3. Every married female belonging to the Medical Club shall be able to ensure medical attendance in any case of midwifery, by paying the sum of ten shillings seven days at least before she require such aid.

"Every contribution is to be paid quarterly and in advance, namely, on the first Saturdays after March 25, June 25, Sept. 25, Dec. 25.

"The Board of Guardians for the Stroud Union will give no regular salaries to medical officers, but they will contribute to the medical club for those persons whom they consider to be in such a state of poverty that they cannot make a provision for themselves; and the names of those persons will be inserted in a list, to be called the 'Pauper Schedule' copies of which will be deposited with the overseers, and attached to the church-door in each parish. But it should be understood, that no able-bodied man, nor any persons capable of earning their own livelihood, will be placed upon the pauper schedule.

"The Board of Guardians having come to an unanimous determination, that they will not, unless under very special circumstances, provide medical assistance for any persons whose names are not inserted in the Pauper Schedule—such persons are earnestly requested to take advantage of the means thus held out to them of providing for themselves in case of sickness; and they will take notice, that, if at any time they should apply to the Board of Guardians for medical attendance, the assistance then given to them will be a loan, which they will be required to repay as soon as they get well.

"*** It is expected that all the medical gentlemen in the Stroud Union will form medical clubs; and those persons who join them before June 25, are not in any way restricted, but may subscribe to that medical gentleman they prefer.

"Stroud, May 13, 1836."

CHRIST'S HOSPITAL.

MEMORIAL ON THE DEATH OF HIS CHILD, PRESENTED TO THE GOVERNORS BY SIGNOR VERONI.

"*To the Right Worshipful the President, the Worshipful the Treasurer, and the Honourable the Governors, of* Christ's Hospital, *in General Court assembled.*

The Memorial of Pietro Zarrichelli Eugenio Veroni,

"Showeth,—That your Memorialist, an Italian by birth, has for twenty years pursued in England his profession of a teacher of languages in the families of the most respectable classes of the metropolis, and among others, many of those of honourable Governors of your splendid institution, to their entire satisfaction, to his own credit, and to the extension of his own sphere of usefulness as a Christian. His due discharge of his duties as a husband and a father he has never been unmindful of, and, while feeling grateful for the hospitality he has experienced in a foreign land, he has been happy in pursuing his profession in quiet, protected by the laws and institutions of this happy country. With sanguine hopes that the remainder of his life would be spent in the peaceful possession of the means of satisfying very moderate wants of his own (or, if need had happened, confident he could depend on the affection of his children, in old age), he accepted, with a heart overflowing with gratitude, a presentation to Christ's Hospital, for his now-lamented eldest child.

"Worshipful and honourable gentlemen,—your Memorialist solicits the consideration and commiseration due to an afflicted broken-hearted parent. Redress he cannot have, nor does he pray for it; his loss is irremediable. Neither does he seek to injure those whose conduct has made him what he is,—a wretched and disappointed father. To save the time of your honourable Court, your Memorialist submits, in the briefest manner, in the form of notes, the facts of his lamented child's case.

"Feb. 4, 1836. Francesco Veroni went to Hertford in perfect health.

"Feb. 7. His father, not having had an opportunity of taking leave of him previous to his departure, went down to see him.

"March 6. His father went again. Francesco told him he had had his purse, containing a few shillings, the key of his box, and a knife, taken out of his pocket during the night; that he had spoken to the nurse,

who replied that she knew nothing about it; that he was obliged to leave his shoes down stairs when he went to bed, and make his bed in the morning without them, and he complained that his feet were as cold as ice in consequence.

"April 2. His father visited him again and found him in the infirmary; and the nurse told him it was only a slight cold, and he would go to his ward in two days. Next day, being Sunday, his father hoping to find him well on Monday, remained at Hertford till that day, the nurse and Mr. Bennington both refusing permission for the child to go out, and the latter angrily ordering the father to go down stairs, and scolded the child for wishing it, saying he would not only prevent him going out, but prevent his father from coming to see him. His father would have taken him away, but was refused by Mr. Bennington, who said he would be well in two days.

"April 8. His mother went to see him and she was told the same, but the nurse and surgeon still refused to let him go out with her.

"April 14. The father received a letter to say the child was very ill. Being from home on his professional pursuits, that letter did not come into his possession till late at night.

"April 15, a.m. His father went to the counting-house in town for permission to take the child home. He was told Mr. Steele was in town and had reported him to be too ill to be moved; was advised to go and see him and return for the order; went down directly; arrived between six and seven. The nurse refused to let him see the child till Mr. Bennington came, which was about eight. Mr. B. told him his child was better; advised the parent not to see him for fear of exciting him, and recommended him (the father) to come at nine the next morning.

"April 16. The father went at nine, accordingly, expecting to see Mr. Bennington, was received by the nurse, who told him Mr. Bennington would not come till twelve, and in the mean time he, Mr. Bennington, had ordered her, the nurse, to prevent the father from seeing his child. At twelve, accordingly, the anxious father again attended, and met Mr. Bennington, who said the child was better, but would not let the child be seen; alleging the before-mentioned reasons, although urged to permit it in the strongest terms, and the father only went away on Mr. B.'s promising to admit him to his child in the evening. At five the anxious parent went again and was again told by the nurse that the child was going on well, but that Mr. Bennington would not be there till six. The father waited till six in such anxiety as none but an affectionate parent can understand. The assurances of improvement from day to day, and hour to hour, were perhaps expected to make him content, but he passed that hour in the agonies of suspense and apprehension about the life of a darling child. At six Mr. Bennington arrived, he did not at first join the father in the nurse's room, but went upstairs.

Here, worshipful and honourable gentlemen permit me now (for I can no longer control myself) to speak in the first person. Mr. Bennington came into the room wherein I was waiting; he was pale, and confused, and agitated; and he told me my child was dead—that he had died of suffocation!

Worshipful and honourable gentlemen, could I believe this, unprepared by notice of danger, buoyed up with hopes of recovery the whole time? I did not believe it—I demanded to see the corpse. Alas! my doubts were soon solved—my poor child lay a bloodless corpse, pale as marble. Incisions had been made in the veins of both arms, both sides of his chest were marked by cupping scarifications. Marks of leeches were also visible; blisters had been applied. Warm-baths had been had recourse to to encourage the bleeding, and all this time I was refused admittance to my suffering child, and assured of his being better until the fatal blow came upon me, without one moment's notice of preparation.

"Your memorialist respectfully submits that he has attested the foregoing facts on oath before a coroner's jury, and that that jury returned a verdict to the effect that the child died a natural death, and that they, the jury, regretted Mr. Bennington had not permitted the father to see his child during its illness; in other words till after that child was dead!

"Your memorialist hopes not for consolation under this his melancholy bereavement, neither does he seek to gratify any revengeful feelings in praying for punishment, if found to be due; but he does pray, and with confidence too, for a full and fair inquiry into the circumstances of the case, in order that more experienced medical officers, conversant with the diseases of children, who shall be sufficiently candid to tell the truth, sufficiently zealous when danger threatens, where disease has placed the child on the verge of eternity, should be forthwith appointed.

"Your memorialist submits, in explanation of his meaning, that his unfortunate child was not seen by your medical man till noon on the day on which he died, and up to five hours even after that he was told the child was better.

"Your memorialist, finally, intreats your honourable court to permit him to come in person before you, to substantiate what he has represented to you, if it be not contrary to your rules and practice. Whereby he hopes to be able to satisfy your honourable Court that he has been refused the oppor-

tunity of so doing through the appointment of any special committee, or investigation by the Committee of Almoners themselves. And your Memorialist will ever pray.

(Signed). "P. Z. E. VERONI.

"126, Great Portland-street,
May 4th, 1836."

(An exact copy.)

ROYAL INSTITUTION,

May 20, 1836.

PROFESSOR MAYO ON THE SENSATIONS; ANNOUNCING, RESPECTING THEM, SOME NEW DISTINCTIONS.

THIS evening there was a numerous meeting of the metropolitan *dilettanti* attracted by the promised lecture of the eloquent professor. He began by observing there were *two* classes of sensation, essentially different from one another; *internal* sensations, such as *hunger, thirst, aches, pains*, &c., which did not form part of the subject to be then discussed; and *external* sensations, to which he was particularly desirous of attracting the company's attention. *Five* organs of external sensation have, quoth the lecturer, generally been enumerated—viz. sight, hearing, smell, taste, and touch, referred to the eye, ear, Schneider's membrane, the palate, and the skin, but in reality there are *six* organs of sense, and *eight* external sensations. The sense of touch which resides in the skin merely evidences the existence of extension, and the roughness or smoothness of the object present. In addition to this, a sensation of *resistance* resides in the muscles, which is exercised in ascertaining hardness, weight, &c. Thus the muscular tissue forms the *sixth* organ of outward sensation. To make up the *eight* classes of sensation, there are two more to enumerate, *a sense of temperature*, and *a sense of motion*. Any one, who will pay due attention to his sensations, will soon feel convinced of the perfect distinctness of the sensations of *temperature, resistance, motion*, and *simple touch indicative of extension;* though all are produced by the proximity of the cause to the general surface of the body. There are then *six* organs; the *eye*, the *ear*, the *nose*, the *mouth*, the *skin*, and the *muscles;* and *eight* classes of sensation; *sight, hearing, smelling, taste, touch, resistance, temperature*, and *motion*.

There are two points of view in which these organs may be considered; they may be considered as regards their *mechanism*, which is beside my present purpose, and in regard to their *use*. The use of sensation, which is the subject of my present lecture, is to make us acquainted with the qualities of the external world, and our relations to it. These various sensations, by a law of our nature, make us intuitively cognizant of the existence of certain properties in surrounding bodies, a knowledge of which is necessary to our welfare. Now there are *three* ideas suggested by our sensations generally; *locality, outness*, and *direction*. When any of our organs of sense are excited, we immediately and instinctively refer the sensation to the proper organ; this is particularly well exemplified when any little object irritates the skin; we are immediately conscious not only of the actual irritation, but also of the particular part so affected. We are likewise instinctively informed by sensation of the *outness* of the object affecting us; we intuitively know that it is foreign to ourselves. This truth was well shown in the case of the youth restored to sight by Cheselden, when the bandage was removed from his eyes, he started back, imagining the object depicted on his retina was in actual contact with him, thus involuntarily associating with this perception the ideas of *outness* and *resistance*.

Another idea suggested by external sensation is *direction*. The muscular sense of *resistance* imparts to the mind the idea not only of the opposing force, but also of the *direction* of that force, and that we are enabled so to regulate our efforts as to overcome any given momentum. This principle may be illustrated by a reference to the organ of hearing. We not only perceive sound, but also the direction of the point from which it emanates; this is self-evident. It is obvious that a knowledge of the direction is absolutely necessary to the safety of the individual, as is more especially manifest in the weaker animals. Now the law of this perception seems to be this, that the direction of the sound is in a right line from the sonorous body to the affected point of the percipient organ. The functions of the various parts of the organ of hearing lie in much obscurity; and some speculators conjecture that the auricle is the part most essential to a knowledge of the direction of sound. Professor Wheatstone of *King's College*, London, has made an ingenious conjecture that the semicircular canals contribute in some way to the perception of direction, these structures being the most invariable parts of the organ, and the perception of distance and direction being the most important uses of hearing.

The same law of direction does not exist in sight and hearing. Every one knows the phenomena of the inverted image on the retina. Dr. Young has attempted to explain the true perception of the object in this case, by supposing that the perceptions of touch correct those of sight but I apprehend this to be an illusive opinion; and that the fact may be explained by a very simple law, viz., that perception of the object is engendered exactly opposite to the point of the retina on which the impulse is made. That the perception is not in a direct line as

in the case of hearing, is made evident by a simple experiment: *e. g.*; An object placed at a certain distance from the eye is seen distinctly, but if a card be interposed, penetrated with a few holes in a vertical order, the object will be distinctly discerned through every one of the holes, though the rays of light proceeding from each foramen would necessarily impinge on a different part of the retina. If a finger be pressed on any part of the ball of the eye, a sensation is produced and a circle of light perceived in an opposite direction, thus pressing the finger on the eyeball near the inner canthus, the light is perceived in the direction of the outer canthus, and *vice versa*.

Sensations are subservient to the purposes of instinct, both in man and animals. Now what is instinct? Instinct is simply a blind, irrational, intuitive tendency to action, and inseparably associated with sensation. In the young animal, the sensation, arising from the sweetness of the food, immediately excites the various acts constituting deglutition, and in all animals, the instinctive act follows close upon the sensation. The case of Mitchell, related by Dugald Stewart, singularly illustrates the influence of sensation upon the moral feelings. Mitchell was born both blind and deaf, but notwithstanding these congenital deprivations, he acquired a certain degree of education. Of his smell he made great use. When a stranger was introduced to him, he seized him by the arm, and putting his nose near to his person drew a powerful inhalation; if the odour of the person was disagreeable, he immediately withdrew showing unequivocal signs of disgust. If it were agreeable, on the contrary, he would show a disposition for closer contact, and his features would exhibit an expression of pleasure. Some years ago a *canary bird* was exhibited in the Quadrant which had the power of discriminating on its return any card you might touch, whilst it was in another apartment. I suspected that the little creature was enabled to do this trick by means of its smell, and satisfied myself by the following experiment:—Instead of touching the card with my hand or glove, I touched it with my pencil, and the result was, that the little conjuror was foiled, and could not distinguish the particular card I had moved.

But in birds generally, the instinctive actions do not appear to depend upon the sensation of smell, but upon that of sight, which, in this class, is particularly perfect. A contemporary ornithologist in America has recently made some experiments upon certain birds of prey, which go to prove this fact. This gentleman concealed from the sight of a certain number of these birds, a quantity of their favourite food which was offensive by its *haut-gout*; but the birds were not in the slightest degree attracted by the odour. On the contrary, when the same objects were exhibited even at a very great distance, and formed but a minute speck in the vision of the birds, they were immediately attracted.

The perfection of sight in birds is very manifest in the habits of the *carrier-pigeons*. The best breed of the carrier-pigeons is the Dutch: this breed is lighter and speedier on the wing than the English. Their ordinary rate of speed is a mile a minute, and they have been known to take a flight of 800 miles. A great proprietor of these interesting birds lives at Antwerp, where he has a stable of 1200, which he principally employs for Stock-jobbing purposes. The mode of educating these little mercuries is this. Each pigeon learns but one route. When he is about six weeks old, his training commences; the bird is taken about a mile from home, in the direction of his intended route, where being let loose he flies homeward. This exercise is repeated, and the distance gradually increased, in an arithmetical ratio, until the winged messenger is enabled to complete the journey designed for it. Now that the animal is enabled to perform these extraordinary feats by its power of sight, is proved by one or two facts. The bird is incapable of performing its journey at night, and on very cloudy dark days; and instances are frequent of these aerial travellers being lost, or long detained by the unsuspected occurrence of a hazy atmosphere. We may form some notion of the perfection of vision exhibited in these instances, when we reflect on the height of the flight of these birds, and the astonishing rapidity of their progression.

The migration of birds at certain seasons is also, in my opinion, an instinct dependent upon sensation. A certain feeling, difficult for us to conceive, is excited in these creatures, which determines arbitrarily their migratory movements. I have said that these sensations are difficult for us to conceive, and they are so because the senses of animals are so much more perfect than those of man. Each of us, doubtless, is acquainted with instances of the remarkable power possessed by domestic animals of finding their way homeward from great distances. This power is, I apprehend, entirely owing, first, to their more perfect senses giving them a more exact acquaintance with surrounding objects; and, secondly, to a more acute consciousness of their own movements, affording them a more correct notion of direction. The following well-authenticated instance of sagacity has recently been recorded. A jackass belonging to an inhabitant of Gibraltar was sold to an English officer about to proceed to Malta. The animal was embarked on board a vessel bound to that island, and after a day or two's voyage, foul weather occurring, and the vessel being in danger, the beast was thrown overboard some miles

from the coast of Spain, to give it a chance of saving its life. He swam to shore, and found his way back to Gibraltar, a distance of more than two hundred miles, through a broken country, and without regular roads, presenting himself a few days after the event described, at the gate of that fortress. The gate being opened, he quietly proceeded to his own stable. The original proprietor, on seeing him, naturally imagined that he had been forgotten, and did not discover the truth until the return of the vessel from Malta, when it was ascertained that he had found his way through so extensive a region at so rapid a pace as scarce to leave room for the supposition that he made one false turning.

I shall adduce another instance of the knowledge of direction which animals acquire by their acute *sense of motion*. An acquaintance of mine living at the west end of town, carried a cat in a bag into the city, where he left it at the house of a friend. He made a great many turnings on purpose to prevent the animal from forming an idea of the direction in which it travelled. On his return home, however, he found the cat had arrived before him. This fact, I think, is applicable, only in the following way. The animal, fretted and angry at its confinement, had its general sensibilities augmented, and being acutely conscious of every movement and impulse imparted to its body, and having these accurately impressed on its memory, was enabled merely by recollecting these sensations to retrace the labyrinth it had threaded, or, perhaps, to form a correct notion of the *direction* in which it had proceeded.

A case of anæsthesia, published by Dr. Yellowly, of Norfolk, furnished the curious fact, that sensation was indispensable to the correct exertion of volition. A young woman, the sense of whose arm was palsied, was enabled to carry any object in the affected hand, so long as the eye was turned to that hand, but the instant the eye was directed elsewhere, the object was dropped. This was for some time a sort of insulated fact in philosophy, but I believe that some experiments made by myself have contributed to reduce it to a general law, which is this, that no volition can be exerted without the assistance of *some* sensation. In the instance related by Dr. Yellowly, the proper sensation of the hand being lost, its place was supplied by that of sight. This exercise of sensation is not only necessary to movement, but to every exercise of volition in the muscles; and, consequently, to the preservation of a maintained position. Thus in standing, our surety of safety is derived from the knowledge of surrounding media derived from the eye. The truth of this is exemplified by the uncertainty and want of confidence we feel whilst looking down a precipice. The unusual sensation excited in the visual organ, disturbs the conception excited by its habitual exercise, and the power of volition associated with this conception is disturbed. This explanation appears confirmed by a recent experiment of Professor Wheatstone, the happy vein of whose philosophic spirit, is only equalled by that of the gentleman whose splendid speculations, have so often delighted and astonished us from this place (Dr. Faraday).

Mr. Wheatstone found that by turning round rapidly he could produce, when he had ceased, a sensation as if the room and every thing in it was turning round him, and this would continue for some time. He found, however, that if he fixed his eye upon any conspicuous object, such as a white sheet of paper, this vertiginous feeling would immediately cease in the head, but remain in the legs. This seems to be very explicable on the principles I have laid down; the rapid turning of the head in the waltz confuses the sensation of the eye, and disturbed volition is the necessary consequence, but the sense being once fixed upon a remarkable object, the composure of the head is immediately restored, though the confused sensation and volition of the lower limbs remain unchecked.

The professor adduced some other instances of the uses of sensation, which our limits will not permit us to insert. In the library were exhibited several fine specimens of silicified wood from Australia, and some capital specimens of German lithography, furnished by Herr Schloss.

NORTH-LONDON HOSPITAL.

EXTENSIVE BURN.—GREAT CONGESTION OF VARIOUS PARTS.

Emily Sparks, a servant, aged 18, was admitted at 12 o'clock p.m., on the 17th of May, under the care of Mr. Liston. It appears, from the account of those who brought her to the hospital, that she was found in her bed-room, her clothes having caught fire and been nearly destroyed before she could have assistance rendered to her. The whole surface of her body more or less is implicated in the injury she has sustained from the flames. Her face is red, swollen, and excoriated; the anterior surface of the body in many places excoriated; in others it is dark-brown, and hard as if roasted. The cuticle was detached from the hands and one of the feet. The posterior part of the body, especially the superior portion, was indurated, and of a brownish hue; the occipital region presented a sore. She was sensible and collected, only once crying out for the flames to be extinguished. She complained most of her back, and desired to be laid upon her side; she was very thirsty, and

wished for fluids, though there was a great difficulty in swallowing; the mouth was swollen and vesicated, and the voice peculiarly shrill and clear. The pulse could not be distinguished, from the induration of the integuments, but the heart's action was evident. Portions of her stays and stockings were the only parts of her apparel not destroyed by the fire. A draught of muriate of morphia and the aromatic spirit of ammonia was exhibited, and flour sprinkled over the surface; this considerably diminished her sufferings. About 2 a.m., however, she expired.

Sectio Cadaveris.—Brain.—There were marked signs of congestion in the brain, which when sliced presented numerous bloody points. There was not much fluid within the ventricles; what quantity there was appeared of a bloody character. There was a little bloody serum at the base of the brain.

Lungs.—The lungs were gorged with blood of a dark hue; the bronchiæ and their ramifications filled with mucus, strongly tinged with blood; the lining membrane of the whole of the respiratory passages exceedingly engorged; there was some bloody serum in the cavity of the chest, and in the pericardium.

Abdomen.—Some bloody serum was presented, also, in the cavity of the abdomen, especially the pelvic portion. The mucous membrane of the stomach and small intestines was also in a state of extreme congestion, and the fecal contents of the canal appeared to be discoloured with extravasated blood. The lining membrane of the uterus and vagina was in a similar state, and in both recently effused blood was present.

BURN—ULCERATION OF THE STOMACH.

Mary Louisa Wright, aged 3, was brought on the evening of the 4th of May to the hospital with an extensive burn of the upper part of the abdomen, lower region of the chest, arms, and occiput. This burn was occasioned by her clothes catching fire. At the time of her admission she was in a state of partial collapse. Flour was sprinkled over the burnt surfaces, and an anodyne administered.

May 6. Has passed a restless night; complains of pain in the bowels, which have not been moved since the accident; tongue loaded; to have half an ounce of castor-oil directly.

Vespere. A purgative powder brought away several black motions.

May 7. Pain in the abdomen rather less; tongue loaded; great thirst; pulse very rapid.

May 9. Febrile symptoms much the same; tongue rather cleaner; pulse quick; bowels not moved since. In the evening she vomited a small quantity of dark grumous blood.

May 10. Bowels confined; tongue loaded and dry; pulse very rapid; thirst; restlessness; some inclination to sleep.

Purgative powder repeated. *Vespere.* Has brought up blood two or three times during the day, in small quantities. Appears more insensible to surrounding objects; rattle in the throat.

May 11. Died this morning at half-past five o'clock. She vomited blood in larger quantities during the night.

Sectio Cadaveris.—Abdomen.—Small flakes of lymph were observable on the peritoneum, and on the surface of the small intestines, in some parts, slightly connecting the convolutions together. There was a purulent yellowish fluid in the peritoneal cavity. On cutting through the great omentum, and raising the stomach, a considerable quantity of grumous blood, with masses of lymph, was found at the lower margin of that viscus. The stomach was found to contain about two ounces of blood in the same state. About an inch beyond the pyloric orifice an ulcer of considerable size was situated, and near it the coats of the duodenum were thickened and elevated, with spots of a yellow hue. The edges of the ulcer were elevated, and some enlarged glands were observed in the external coat near it. A large vessel, the superior mesenteric artery, passed near the ulcer, but was not observed to open into it.

Chest.—The lungs and heart were healthy; there was more than usual fluid in the pericardium. The brain was healthy.

PERFECT DIVISION OF THE TRACHEA.

An extraordinary case of wound of the throat has been admitted into this hospital. It occurred in an attempt at suicide, to which Dr. DAVID BURNES was called, and who sent the man to the hospital on Tuesday night. There is a wound of the throat nearly five inches in length, the *trachea being perfectly severed*, and the ends as well as the œsophagus gaping, but not one vessel large enough was cut to require a ligature. Nothing was done at the Hospital beyond sponging the wound and keeping the trachea open to facilitate breathing.

The man on Wednesday morning at 10 was free from pain, and able to write answers to many questions. Pulse 96.

CORRESPONDENTS.

The letter of *Mr. A. Yeatman* was received, but (from some confusion of papers) we are not sure what document accompanied it. Will he be kind enough to say.

Several letters forwarded to us wait authentication. For others we have not yet been able to find room.